

Community Health Assessment and Improvement Initiatives
By
Local Public Health Departments

Allegan County Health Department



**2000 Population Count for
Allegan County: 105,665**

**FY 2000 MDCH Funds Appropriated
\$25,194**

For more information, contact:

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or

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Project Name: Allegan County Community Health Committee

Project Description

The Allegan County Community Health Assessment and Improvement (CHAI) Project, spearheaded by the Allegan County Health Department, was initiated in December of 1996. Over the next several years, the first phase of this project was implemented. A Community Health Committee (CHC), made up of representatives from an array of community agencies and organizations, reviewed health-related needs assessment data; identified community priority issues; engaged in activities related to the community plan development; and coordinated with existing community groups and developed new groups to implement activities that emerged during the planning process.

Recently, the second phase of the CHAI began. The focus of the initiative was two-fold. First there was an intensive effort to expand the membership of the CHC to ensure representation from the diverse group of agencies/organizations that serve county residents, the different geographic areas within the county, and special populations (including communities of color). Second, a process for verifying or revising priorities identified during the first phase of the project, as well as for expanding the plan development activities, was constructed. Every effort was made to create a process that met the unique needs of county residents. In 2001, this newly developed process will be implemented.

Community Priorities

- * Access to Health Care
- * Diet and Exercise
- * Mental Health - Dysfunctional Families
- * Substance Abuse
- * Teen Pregnancy
- * Violence

Community Strategies

- Provide CHAI updates at the multi-purpose collaborative body's monthly meetings.
- Present the CHAI process and findings at various meetings including the county secondary principals meeting and the *Responding to Adolescent Problems* meeting.
- Establish a Resource Center at Allegan County Health Department that includes data-related reports.

Spotlight *Community Empowerment*

A priority for the second phase of CHAI is to ensure broad community input into the reprioritization and planning process. As indicated previously, during 2000 an intensive recruitment effort took place designed to increase the number of CHC members, as well as to ensure broad community representation on the committee. There were three specific goals related to recruitment. The first goal involved recruiting representatives from a variety of agencies/organizations including: health care, human service organizations, community-based agencies, schools, businesses, the faith community, and judiciary/law enforcement. The second goal involved recruiting individuals from the different geographic areas within the county. The third focused on recruiting individuals representing special populations including the African American, Native American, and Latino Communities.

Outcome Measurement

<u>Community Empowerment</u>	<u>2000</u>
Number of Goals Met	3
Number of CHC Members	29

Source: 2000 CHAI Project Report, ACHD.

Highlights of Accomplishments in FY 2000

- Recruitment: Expanded the number and diversity of CHC members. CHC members that participated during phase one played an integral role in recruiting new members for phase two involvement. In addition, presentations were given at community meetings designed to increase awareness of the project and to enhance recruitment efforts. As indicated in the “Priority Spotlight” section, three specific goals were set for recruitment efforts. All three goals were met.
- Process Development: A process for phase two, as well as a timeline for implementation, was developed. CHC members were integrally involved in this effort. Members were provided with an overview of the local community health assessment and improvement initiative, as well as written descriptions of five local CHAI projects. Members discussed the strengths and weaknesses of each project, as well as the feasibility of implementing their specific components. A six-step process that met the unique needs of Allegan County was developed, and officially adopted at the December meeting.
- Needs Assessment: Two needs assessment activities were implemented. First, the *Assessment of the Need for Medical Transportation* was prepared. This report provided a compilation of information from numerous reports conducted in Allegan County that provided transportation-related data. Second, the development of a *Community Health Profile* was initiated. The CHC was involved in providing overall direction for the development of the profile.

Highlights of Future Opportunities in FY 2001

- Needs Assessment Data Review: In April/May, data from the community needs assessment will be reviewed by the CHC; included in that review will be data from the *Assessment of Need for Medical Transportation*, the *Community Health Profile*, a focus group study conducted in 1996, and a *Behavioral Risk Factor Survey* conducted in 1999.
- Priority Identification: In May/June a two-step prioritization process will occur. The first step will involve the CHC identifying five to ten priority health issues. The second step will involve sponsorship of a community forum for the purpose of identifying the top three priority issues.
- Plan Development: From June to December, a community health plan to address community priorities will be developed. During the plan development phase, community input sessions will be held to learn about existing community services, as well as gaps in the service delivery system. In addition, a literature review will be conducted to determine strategies proven to be effective in addressing the priority issues. The plan will include measurable goals and objectives, and a listing of strategies and activities that will assure the achievement of the goals/objectives.

**Barry-Eaton District Health
Department (Barry)**



**2000 Population Count for
Barry County: 56,755**

**FY 2000 MDCH Funds Appropriated
\$43,128 per District**

For more information, contact:

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Project Name: Barry County Health Assessment Team

Project Description

The community health assessment and improvement process was initiated by the health department in 1995. In 1998, a team of community representatives was formed to begin a process directed at identifying priority health issues for the county and coordinating community strategies aimed at addressing those issues, in an effort to improve health. The team consists of diverse representation from hospitals, county government, education, human services, the health department, and an area foundation. The health department is responsible for staffing and providing technical support. The team's progress is shared broadly with the community through mailings, newspaper articles, newsletters, and presentations to community groups.

Community Priorities

- * Access to Quality Health Care
- * Substance Abuse
- * Violence

Community Strategies

- Create a comprehensive, centralized information and referral telephone system that is accessible to all community members to assist in improving *access to quality health care*.
- Develop and implement a *substance abuse* public awareness campaign that targets young adults, parents, and the general public on excessive drinking issues. The campaign will educate the community on the risks associated with excessive drinking and offer prevention strategies.
- Establish a community taskforce dedicated to developing a strategic plan to expand access to *substance abuse* treatment for Barry County.
- Develop strategies to address *violence* in the home, schools, and community.

Spotlight
Excessive Drinking

In January 2000, a diverse group of community representatives identified substance abuse as a priority health issue. Since that time, a group of community leaders has worked to develop a community plan that begins to address the issue of excessive drinking.

Excessive drinking impacts the community's health and well-being because of the risks associated with it. This unhealthy behavior can lead to direct physical harm from alcohol poisoning, as well as other adverse outcomes. People engaging in excessive drinking are more likely to participate in high-risk activities such as drinking and driving and other criminal behaviors. Reducing the incidence of excessive drinking will have a positive impact on individuals and the community. The team is focusing on the development of a public awareness and education campaign and expanding access to treatment.

Outcome Measurement

<u>Treatment for Alcohol</u>	<u>1995</u>	<u>1998</u>
# of admissions	259	259

Source: MHSAS, MDCH.

Community Health Assessment and Improvement 2000-2001 Report

Highlights of Accomplishments in FY 2000

- Developed a mutually agreed upon process for the health assessment initiative.
- Facilitated a community dialogue in January to identify health priorities.
- Distributed quarterly newsletters, *Community Check-Up*, to over 3,000 community members, leaders, professionals, and service providers explaining the health assessment process.
- Developed and disseminated a written summary of the January dialogue to the community.
- Developed background papers on the identified health priorities.
- Developed community strategies to address priority health issues.

Highlights of Future Opportunities in FY 2001

- Conduct an ongoing health assessment of the community that will provide an integrative portrait of personal health and community health for Barry County.
- Establish workgroups for Substance Abuse and Access to Quality Community Health Care that are responsible for developing a community plan to improve health outcomes. Invite participants from the community dialogue event, as well as other community members, to join these efforts.
- Develop focus statements to define priority areas and identify existing community resources, community needs or gaps in services, and strategies that will address these health issues.
- Coordinate health assessment activities with existing community violence workgroups in order to ensure that the issue of violence is being comprehensively addressed.
- Develop a distribution plan for releasing the work plans to the community.
- Enhance the *Refer99* web site for county and regional information and referral resources.
- Publish news articles on various health topics, highlighting local health status information. Showcase bulletin boards throughout the county that highlight various health issues.

**Barry-Eaton District Health
Department (Eaton)**



**2000 Population Count for
Eaton County: 103,655**

**FY 2000 MDCH Funds Appropriated
\$43,128 per District**

For more information, contact:

Thomas Spencer, Health Officer
or
Colette Scrimger, Program Coordinator

**Barry-Eaton District Health Dept.
528 Beech Street
Charlotte, Michigan 48813
Phone: (517) 485-7110**

Project Name: Eaton County Health Assessment Team

Project Description

The community health assessment and improvement process was initiated by the health department in 1995. In 1998, a team of community representatives was formed to begin a process directed at identifying priority health issues for the county and coordinating community strategies aimed at addressing those issues to improve health. The team consists of diverse representation from hospitals, law enforcement, township and county governments, education, human services, the health department, and consumer services. The health department is responsible for staffing and providing technical support. The team's progress is shared broadly with the community through mailings, newspaper articles, newsletters, and presentations to community groups.

Community Priorities

* Access to Quality Community Health Care including:

- Lack of knowledge on community resources;
- Duplication and gaps in services; and
- Limited community resources targeted at improving health.

Community Strategies

- Support a community dialogue that will assist in identifying strategies to address ***access to quality community health care.***
 - *Eaton County Health Assessment Team* Focus Statement: A healthy community is one that assures access to quality community health. Access allows a community to provide opportunity for its members to promote healthy lifestyles. To increase access in the community, members must be aware of the options available to them and knowledgeable of the process to access services. At the same time, providers of service must be informed of the resources of the community in order to provide consumers with enough information to make educated decisions regarding their health.

Spotlight Community Dialogue

In early December 1999, the Eaton County Health Assessment Team brought together over 50 community leaders to identify the leading issues impacting the health of the community. The dialogue was attended by a diverse group of leaders representing a variety of community sectors, including the health arena.

In order to generate a working list, participants were guided through a series of questions. Generally, all the responses solicited fell under the broad category of *Access to Quality Health Care*. Special attention was given to substance abuse prevention and treatment and mental health treatment.

Over the next few months, the team will be reviewing information gathered through the dialogue and using it to guide the assessment process.

Outcome Measurement

<u>Uninsured</u>	<u>1996</u>
% of population	8.5%

Source: 1996 Risk Factor Survey, BEDHD.

Highlights of Accomplishments in FY 2000

- Developed a mutually agreed upon process for the health assessment initiative.
- Facilitated a community dialogue in December to identify health priorities. Upon completion of the dialogue, CHAI staff disseminated a summary of the community dialogue to county residents.
- Distributed quarterly newsletters, *Community Check-Up*, to over 3,000 community members, leaders, professionals, and service providers explaining the health assessment initiative.
- Designed a process map, outlining the community developed focus statement for health priorities identified during the community dialogue. Disseminated the focus statement to the community and solicited feedback and suggestions.

Highlights of Future Opportunities in FY 2001

- Conduct an ongoing health assessment of the community that will provide an integrative portrait of personal health and community health.
- Convene a group of community experts to develop and implement a plan for addressing the access to care issue as defined by the community through the dialogue process.
- Develop an inventory of existing resources available in the community.
- Map the information access system (i.e., what information consumers are seeking, where do they seek the information, and where are they referred).
- Enhance the Refer99 web site for county-level and regional information and referral.
- Publish news articles on various health topics, highlighting local health status information.
- Continue to showcase bulletin boards throughout the county that highlight various health issues.

Bay County Health Department



**2000 Population Count for
Bay County: 110,157**

**FY 2000 MDCH Funds Appropriated
\$26,482**

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Project Name: Bay County Community Health Improvement Partnership

Project Description

The community health assessment and improvement (CHAI) process in Bay County is a partnership between Bay County Health Department and Bay Health and has existed since 1994. Originally a broad-based community coalition that exclusively dealt with health issues, the Community Health Improvement Partnership has been integrated into the Bay Prevention Network, a recognized work group of the Bay County Human Services Collaborative Council.

Through the Prevention Network, the collaborative council has adopted and continues to address the four priority areas identified in 1996 during the original community prioritization process. As part of the Prevention Network, the Community Health Improvement Partnership plays a key role by providing critical assessment and evaluation functions. It also provides technical assistance related to community planning for the network's member organizations.

In addition to its network involvement, the partnership has expanded its community base by becoming a member of the new Health Initiatives Fund (HIF) Committee for the Bay Area Community Foundation. The HIF Committee, established to disperse resources from the tobacco settlement, considers both community health assessment data and community priorities when making funding decisions.

Community Priorities

- * Access to Health Care
- * Chronic Diseases
- * Injuries
- * Maternal Health

Community Strategies

- Improve ***access to health care***, especially among those who do not have access to primary care providers.
- Reduce morbidity and mortality from ***chronic diseases*** (primarily CVD) through screenings, education and other prevention/wellness activities.
- Reduce morbidity and mortality from unintended ***injuries*** through prevention education.
- Improve overall ***maternal health*** status by improving maternal health education and assuring access to prenatal care. Reduce the incidence of teen pregnancy among 15-to 19-year-olds.

Spotlight
CADY Survey

Bay County has been actively involved in identifying and fostering community assets as a strategy for reducing risk factors associated with youth violence and unintentional injuries. In an effort to collect asset information, the Bay County Community Health Improvement Partnership has been actively involved in distributing, compiling and analyzing asset data collected through the *Community Asset Development for Youth (CADY) Survey*.

The CADY Survey, a project from the Institute for Children, Youth, and Families at Michigan State University, seeks to help schools and community groups identify resources (or assets) to offset youth development challenges (or deficits) as a way to address substance abuse and violence issues. The tool consists of a series of questionnaires that request asset and deficit information from four groups: youth, parents, school, and community. The questionnaires also request information from program leaders, which allows the community to catalogue its youth-serving programs and identify their locations.

Outcome Measurement

<u>Injury Deaths</u>	<u>1990-92</u>	<u>1996-98</u>
Age-adjusted rate per 100,000 population	44.3	34.3

Source: DVRHS, MDCH.

Highlights of Accomplishments in FY 2000

- Published findings of the *Community Asset Development for Youth (CADY) Survey* in conjunction with Bay County public school districts and area parochial schools.
- Facilitated development of *Birth to-Six Initiative*. Partners include: Bay County United Way, Bay County Health Department, Bay-Arenac Community Mental Health and MSU Cooperative Extension of Bay County.
- Presented second annual report on *MacGregor School Nurse Pilot Program* to Board of Commissioners and Bay City School District. As a result, the program was expanded to three other elementary and middle schools in the Bay City School District.
- Prepared Bay Health’s third annual report on *Uncompensated Care and Other Community Benefit Programs*.
- Received \$26,000 grant from Eagles Club of Michigan to develop diabetes screening programs for low-income neighborhoods and local schools in Bay County.
- Worked collaboratively with Bay County Department of Environmental Affairs to sponsor community forum titles *Bay County’s Sustainability Issues*.
- Published five Community Health Reports.

Highlights of Future Opportunities in FY 2001

- Building upon the *Bay County Community Assessment (1995)*, produce and disseminate a new, more comprehensive community health profile that includes sections on: Demographics, Health, Economics, Education, Environment, Housing, Public Safety, Transportation, Community and Civic Participation and Arts/Culture.
- Review new community health assessment data with the Prevention Network and re-initiate a community prioritization process.
- Continue to collect and analyze data for the *Bay City School Nurse Program*. Provide evaluation findings to the program’s steering committee and the program’s funders: Board of Directors for Bay Health and the Bay City Board of Education.
- Continue to work with CADY findings and develop a series of special reports related to skill, character and relationship assets. Distribute reports and facilitate community dialogues around major findings.
- Review existing mortality data, hospitalization patterns and other relevant information with Bay County Access to Care Group and initiate a planning process to address access to care issues.

Benzie-Leelanau District Health Department



**2000 Population Count for
Benzie & Leelanau Counties: 37,117**

**FY 2000 MDCH Funds Appropriated
\$25,000 per District**

For more information, contact:

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Personal Health

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Project Name: Benzie–Leelanau Community Health Assessment and Improvement Process

Project Description

The Benzie-Leelanau Community Health Assessment and Improvement (CHAI) process is part of a five-county regional steering committee that includes representatives from Antrim, Kalkaska, Grand Traverse, Benzie and Leelanau counties. Workgroups have been established in Benzie, Leelanau, and Grand Traverse counties to develop strategies for addressing selected community health priorities. The process works on a multi-county level basis and is linked to the local Human Services Collaborative Body (HSCB) through identified membership of the CHAI steering committee.

Community Priorities

- * Access to Health Care
- * Environmental Health
- * Data Collection
- * Risk Reduction

Community Strategies

- Implement programs to improve **access to health care**, including the *Healthy Futures Program* that ensures access to and utilization of primary and preventive health care for pregnant women and children under two years of age; the *Dental Clinics North* that provides dental services at nine regional sites to those with Medicaid, MICHild and Healthy Kids insurance; and the *WomanCare Day* screenings at two hospital sites in Benzie and Leelanau counties.
- Support regional **data collection** efforts by developing a health report card and making it available on the Internet. Develop and conduct a community health assessment survey, and publishing its findings, as it relates to behavioral risk factors, access to care and other health issues.
- Increase awareness of **environmental health** issues through the efforts of the Northern Exposure committee, an environmental health workgroup that seeks to address air quality, water quality and health care safety.
- Reduce **risky behaviors** through smoking cessation programs in the Glen Lake, Suttons Bay and Traverse City schools.

Spotlight
Access to Health Care

Every parent dreams of having a healthy child and *Healthy Futures* shares that dream. The *Healthy Futures Program* is a partnership of local health departments, health care providers and the Munson Health Care System to ensure access to and utilization of primary and preventive health care for all pregnant women and children under the age of two.

A registered nurse contacts enrolled families regularly by phone or home visit and links the families to appropriate community resources. In addition, regular educational newsletters are sent to program participants to raise awareness of resources and health information. This information focuses on topics such as immunizations, safety, nutrition and other issues that may impact a pregnancy or developing child.

Outcome Measurement

<u>Healthy Futures</u>	<u>1999</u>
Program Outputs	1 home visit & 9 calls per client

Source: Healthy Futures Program, Munson Health System.

Highlights of Accomplishments in FY 2000

- Partnered with the other local health jurisdictions in the northern Lower Peninsula region to establish the *Dental Clinics North*, a system of nine regional dental clinics that serves those with Medicaid, MICHild and Healthy Kids insurance.
- The environmental health group called Northern Exposures formed the *Health Care without Harm* workgroup that supported Grand Traverse County in its decision to conduct internal research towards setting a mercury free physical resources policy.
- The Northern Exposure Water Quality Workgroup held a health-related symposium that included a panel of experts that focused on water quality issues. The workgroup also supported the production of benchmark surface water samplings. As a result of their efforts, a grant was submitted to the Michigan Department of Environmental Quality.
- The Northern Exposure Air Quality Workgroup held the “Clearing the Air” symposium that included a panel of experts on outdoor air quality issues.
- Provided community health information and benchmark data through a county web site. Educated community members about the web site.
- Conducted smoking cessation classes and individual sessions for students in three school districts.
- Provided a community health assessment progress report to each county’s human services collaborative body and to the Benzie-Leelanau Board of Health.
- Provided two community women’s health days at local hospital sites. Various screenings were offered, including breast and cervical cancer screenings.

Highlights of Future Opportunities in FY 2001

- Develop fitness workgroup and work plan to address high incidence of sedentary lifestyle risk factors.
- Participate in a regional workgroup to develop, conduct, and analyze a community survey that measures residents’ behavioral risk factors, access to health care, and other health related needs, and publish its findings.
- Support ongoing health education and risk reduction efforts to reduce smoking among adolescents in area schools.
- Support *Healthy Futures* efforts to measure how the program has improved access to care outcomes and other health outcomes of its participants.
- Continue to provide staffing and other support for the *Dental Clinics North*, as well as other community efforts to improve access to health care.

Berrien County Health Department



**2000 Population Count for
Berrien County: 162,453**

**FY 2000 MDCH Funds Appropriated
\$32,360**

For more information, contact:

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Project Name: Berrien County Community Health Assessment & Improvement

Project Description

Community health assessment and improvement in Berrien County consists of the Berrien County Health Department partnering with (1) the Healthy Berrien Consortium; (2) the Berrien County Human Service Advisory Council (multi-purpose collaborative body); and (3) other coalitions and task forces. *Healthy Berrien Consortium (HBC)* is comprised of CEOs from the major health care service providers in Berrien County. The Health Department offers financial support and technical assistance (staffing) for the *Consortium*. Technical assistance is provided through a separate contract with a facilitator. The department's epidemiologist performs data analyses. *HBC* meets quarterly. Its subcommittees include: Forum Planning, Access to Health Survey and the Data Oversight Committee. CHAI activities are also conducted in conjunction with the Berrien County Human Services Advisory Council and other local coalitions and task forces.

Community Priorities

- * Access to Health Care
- * Aging
- * Heart Disease and Stroke
- * Infant Mortality and Low Birth Weight
- * Teen Pregnancy

Community Strategies

- Increase ***access to health care*** through the formation of a MICHild Workgroup under the Berrien County Human Services Advisory Council to provide additional outreach and marketing efforts for the MICHild insurance program. Explore the severity of health care access needs by administering and analyzing a *HBC* health care access survey.
- Educate, inform and receive input regarding various health care issues that impact ***aging*** populations.
- Reduce ***infant mortality/low birth weight*** and ***teenage pregnancy*** through the coordination of the Dr. David Olds' Prenatal and Early Childhood Nurse Home Visitation Program and the Teen Pregnancy Prevention Project (TP3). The interventions of the TP3 combine the use of the *Postponing Sexual Involvement* curriculum with adolescent mentoring and other community-based approaches.

Spotlight

Infant Mortality and Teen Pregnancy

Dr. David Old's *Prenatal and Early Childhood Nurse Home Visitation Program* is designed to help low-income, first-time parents start their lives with their children on a sound course and prevent the health and parenting problems that can contribute to the early development of antisocial behavior. Nurses begin visiting low-income, first-time mothers during pregnancy and continue visits until a child is 2 years of age. These visits help pregnant women improve their health, which makes it more likely that their children will be born free of neurological problems. Parents receiving home visits also learn to care for their children and to provide a positive home environment. This means making sure children are nurtured, live in a safe environment within and around the home, are disciplined safely and consistently, and receive proper health care. Nurses also teach young parents to keep their lives on track by practicing birth control, planning future pregnancies, reaching educational goals and finding adequate employment.

Outcome Measurement

<u>Low Birth Weight</u>	<u>1990-92</u>	<u>1997-99</u>
% of live births	8.2%	8.7%

Source: DVRHS, MDCH.

Highlights of Accomplishments in FY 2000

- Released Healthy Berrien Consortium (*HBC*) *Quality of Life Index* on the Internet.
- Presented forum titled "Aging in America." State and national aging experts from the National Institutes of Health, Health Care Financing Administration, Office of Services to the Aging, and Michigan State University presented information and addressed questions posed by an audience of 300 attendees.
- Secured funding in the amount of approximately \$400,000 for the implementation of the Dr. Olds Prenatal and Early Childhood Nurse Home Visitation Program through 0-3 Secondary Prevention sources.
- Coordinated the implementation of the *Postponing Sexual Involvement* curriculum in several Berrien County schools.
- Hired an Epidemiologist to provide community health data analyses for CHAI process.
- Initiated Data Oversight Committee for the *HBC*.
- Worked with community partners to develop a workplan to submit to the State of Michigan for the reduction of teenage pregnancies in the City of Benton Harbor and Benton Township.
- Developed and distributed a communicable disease newsletter named *EpiView* to area physicians, labs, infectious disease control staff, schools, state health department, local health departments and policy makers.

Highlights of Future Opportunities in FY 2001

- Form an internal health department community assessment and improvement committee to discuss health issues, review health data, and assist in the preparation and distribution of the *BerrienBrief* newsletter. Explore possibilities for conducting a behavioral risk factor survey (BRFS).
- Develop an ongoing, systematic communicable disease surveillance reporting system through the Health Department.
- Continue to update the *Quality of Life Index* and respond to data requests from local partners and the community-at-large.
- Revisit health concerns of Berrien County, applying statistical analysis and methods of interpretation. Results will be shared with *HBC* who will use the information to prioritize health issues, develop a strategic plan, and implement action plans.
- Work with the *HBC* to sponsor a community forum on long-term care and other issues that impact the aging population.

**Branch-Hillsdale-St. Joseph
Community Health Agency (Branch)**



**2000 Population Count for
Branch County: 45,787**

**FY 2000 MDCH Funds Appropriated
\$52,090 per District**

For more information, contact:

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Project Name: Branch County Family Services Network

Project Description

The community health assessment and improvement process is part of the Family Services Network (FSN), the multi-purpose collaborative body for Branch County. The FSN consists of members from the educational system, health and social services, civic organizations, and business sector of the community. The network has planning workgroups, implementation workgroups, and standing committees. The Community Health Agency provides the workgroups and committees with health related data and creates health assessment reports as needed.

Community Priorities

- * Access to Safe, Affordable Housing
- * Dependent Care
- * Success by Six

Community Strategies

- Increase ***access to safe, affordable housing*** by raising public awareness of housing needs; developing a network of local community churches to provide temporary housing for indigents; encouraging workgroups to rehabilitate existing structures; and supporting the availability of subsidized housing for qualified individuals.
- Address ***dependent care*** issues by increasing the availability of affordable, quality day care for children and dependent adults.
- Assist families through an assortment of collaborative efforts, such as *Birth to Six, Early On, Head Start, Special Education, and Building Strong Families*. Also, expand a universal home visitation program for families of newborns to include specific interventions for families identified as high risk, so that every child has ***success by six*** and enters school healthy, happy, and ready to learn.

Spotlight
Dependent Care

Many people, because of age, limitations or impairments, need ongoing care and assistance, and yet do not require institutional care. There are many types of care available, such as: care in the home by a relative or non-relative, or care provided in a facility.

To improve the quality of life for these residents and their family members, the Family Services Network partners have worked diligently to increase the availability of affordable, quality day care for children and dependent adults in Branch County. As part of the FSN efforts, the number of available childcare programs and the number of day care hours available have increased in the county. In addition, members have distributed more than 3,000 informational packets to businesses and public agencies to increase awareness of child and adult day care resources.

Outcome Measurement

<u>Dependent Childcare</u>	<u>1998</u>	<u>2000</u>
# of Programs	0	1

Source: Branch County FSN.

Highlights of Accomplishments in FY 2000

- Published the *Maternal-Child Profile* for Branch County. The profile contains an extensive analysis of local pregnancy, birth and neonatal statistics and includes parameters associated with at-risk families.
- Presented the highlights of the *Maternal-Child Profile* to the *Success by Six* Coalition.
- Published informational *Health Trend* reports on selected major causes of death.
- Participated in developing and tabulating the *Region 3C Senior Needs Assessment Survey*.
- Provided data for the *Secondary Prevention Zero to Three* and the *Early Head Start* grants.
- Chaired a committee on implementing family centered practices for all health and human service providers in the county, and served on the state evaluation committee for family centered practices.
- Attended the *Zero to Three Advocacy Network's* statewide evaluation subcommittee.
- Assisted in the development of requests for proposals for state grants for aging and collaboration.
- Led the *Safe Kids Coalition* to provide free car seats to children of financially eligible families.
- Working collaboratively to design a community wide assessment tool that will be used for future planning and development purposes.

Highlights of Future Opportunities in FY 2001

- Improve community health and human services by providing a continuum of care to all residents and increasing community awareness of health and human service issues. This goal will be carried out through the development of a community action plan.
- Surveys of consumers, residents, and human service organizations (including focus groups and key informant interviews) will be conducted to identify community strengths and opportunities for customer improvement within the county's health and human service system.
- Evaluate the impact of *Family Centered Practice* training on human service committee members.
- Implement strategies identified in the *Success by Six* Logic Model.
- Publish a *Branch County Elderly Profile* that includes information on demographics, long-term care options, mortality rates for selected causes, risk behaviors, and social concerns such as driving.
- Develop monthly press releases that highlight targeted health issues.
- Publish a *Health Trend* report that focuses on maternal-child health concerns, such as the number of births, and rates of teen pregnancy, maternal morbidity and infant mortality.

**Branch-Hillsdale-St. Joseph
Community Health Agency (Hillsdale)**



**2000 Population Count for
Hillsdale County: 46,527**

**FY 2000 MDCH Funds Appropriated
\$52,090 per District**

For more information, contact:

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Phone: (517) 279-9561**

Project Name: Hillsdale County Human Services Network

Project Description

The community health assessment and improvement process is part of the Human Services Network (HSN), the multi-purpose collaborative body for Hillsdale County. The HSN consists of members from education, health and social services, religious community, judicial system, and civic and business sectors of the community. The network has three standing committees: Child Protection Working Together, Critical Incident Stress Management Team, and Age Domains. The Age Domain Committee has three workgroups: Early Childhood, School Aged, and Adults and Seniors. The Community Health Agency provides the committees and workgroups with health-related data and creates health assessment reports as needed.

Community Priorities

- * Access to Community Services
- * Asset and Needs Mapping
- * Family Self-Sufficiency

Community Strategies

- Enrich and support the Community Health Agency web-based community directory and bulletin board by encouraging each community agency to list basic data and projects on it, as a means for improving *access to community services*.
- Develop a system to prioritize and track designated indicators that includes *asset and needs mapping* techniques.
- Support *family self-sufficiency* by creating a task force to study transportation needs; exploring a multi-agency approach to case management for families at risk; establishing a *Healthy Beginnings* program to provide a universal home visitation program for families of newborns, including interventions for families identified as at risk using the *Healthy Families of America* model; providing parent education and exploring the *Parents as Teachers* program; assessing community dental and quality day care needs; establishing a childhood death review team; and conducting a problem solving skills program annually to highlight best practices.

Spotlight
Community Resource Directory

To assure that residents have access to available community resources, the Community Health Agency, with its partnering organizations, developed a web-based *Community Resource Directory*. The directory contains information on health and human service agencies for a 10 county region, including the four counties that border Hillsdale County. The directory links community members with available programs for basic needs such as food, shelter, and health services.

The directory lists providers alphabetically, or provides the user with the capability to search for services by category. It also gives hyperlinks to provider web sites when available. Program descriptions, that include service locations, contact information, fees and eligibility guidelines, are an integral part of the directory.

Outcome Measurement

<u>Resource Directory</u>	<u>1999</u>	<u>2000</u>
# of agencies listed	140	165

Source: Resource Directory, BHSJCHA.

Highlights of Accomplishments in FY 2000

- Published the *Maternal-Child Profile for Hillsdale County*. The profile contains an extensive analysis of local pregnancy, birth and neonatal statistics and includes parameters associated with at-risk families.
- Presented the highlights of the *Maternal-Child Profile* to the Local Interagency Coordinating Council and the Hillsdale Association of Ministers.
- Published informational *Health Trend* reports on some of the major causes of death.
- Provided data for the *Secondary Prevention Zero to Three* grant and attended the *Zero to Three Advocacy Network's* statewide evaluation subcommittee.
- Participated in the Community Foundation's grant award process of tobacco settlement funds.
- Met with members of the Department of Environmental Quality, Department of Agriculture, and concerned local residents regarding the environmental impact of a proposed dairy farm within the county.
- Led the Safe Kids Coalition to provide free car seats to children of financially eligible families.
- Participated in the *Hillsdale Geographic Information Systems (GIS)* initiative that seeks to apply analytical and geographical applications to community and program planning activities.

Highlights of Future Opportunities in FY 2001

- Participate in the development of outcome indicators on a variety of health and social issues that will be valuable in assessing and assuring the quality of life for Hillsdale County residents.
- Create a *Healthy Beginnings* Program that will include universal home visitation for families of newborns and the identification of high-risk families for early intervention programs.
- Expand the delivery of neonatal baby bags to all families of newborns. The bags will include parenting information and relevant health and human service pamphlets.
- Publish the *Hillsdale County Profile on the Elderly* that will include information on demographics, long-term care options, mortality rates for selected causes, risk behaviors, and other social concerns. The report will be made available on the Community Health Agency web site; presented at key community groups; and mailed to all local media outlets.
- Develop monthly press releases that highlight targeted health issues.
- Publish a *Health Trend Report* that focuses on maternal-child health concerns, such as the number of births, and rates of teen pregnancy, maternal morbidity and infant mortality. Make the report available on the Community Health Agency web site and mail it to all local media outlets.

**Branch-Hillsdale-St. Joseph
Community Health Agency
(St. Joseph)**



**2000 Population Count for
St. Joseph County: 62,422**

**FY 2000 MDCH Funds Appropriated
\$52,090 per District**

For more information, contact:

Noel Wiley, Acting Health Officer

**Branch-Hillsdale-St. Joseph
Community Health Agency
Human Services Building
570 Marshall Road
Coldwater, Michigan 49036
Phone: (517) 279-9561**

Project Name: St. Joseph County Human Services Commission

Project Description

The community health assessment and improvement process is part of the Human Services Commission (HSC), the multi-purpose collaborative body for St. Joseph County. The HSC consists of members from the educational system, health and social services, civic organizations, and business sector of the community. The HSC has developed a *Continuum of Care Strategy for the Year 2000*. The HSC has several committees and workgroups addressing issues to improve the quality of life for St. Joseph County residents. The Community Health Agency provides the commission with health-related data and creates health assessment reports as needed.

Community Priorities

- * Prepare for Adult Life
- * Ready for School
- * Succeed in School

Community Strategies

- Create opportunities for teens and young adults to ***prepare for adult life*** by forming a treatment group consisting of agency directors and the juvenile court staff; developing day treatment programs for at-risk and suspended school youth; and working with the teen pregnancy workgroups to create a video on the consequences of adolescent sexual behavior.
- Support the implementation of the *Welcome Baby and Healthy Families/Nurturing Communities Program* and other programs designed to enroll children in early care or education services that assist them in getting ***ready for school***.
- Develop community resources to assist adolescents to ***succeed in school*** by supporting after-school tutoring programs and forming a local community council to address community needs.

Spotlight
Infant Mental Health

Mental health is indispensable to personal well-being and family and interpersonal relationships, as described in *Healthy People 2010*. To that end, the Community Health Agency examined the need for an infant mental health intervention program in the county.

Released in 1999, the *Infant Mental Health Intervention Program Report* focused upon identified risk factors associated with the need for an intensive intervention, such as child abuse and neglect, pregnancy, and substance abuse. Based upon the examination of risk factors, the need for an intervention program became apparent for a small, targeted sub-population. The report provides a set of intervention strategies and identifies ways these strategies could best be incorporated into the county's existing early intervention programs.

Outcome Measurement

Inadequate <u>Prenatal Care</u>	<u>1990-92</u>	<u>1995-97</u>
% of live births	6.0%	4.1%

Source: Infant Mental Health Intervention Program Report, BHSJCHA.

Highlights of Accomplishments in FY 2000

- Published information *Health Trend* report on selected causes of death.
- Participated in developing and tabulating the *Region III-C Seniors Needs Assessment Survey*.
- Provided data for the *Secondary Prevention Zero to Three* and *Early Head Start* grants.
- Co-chaired a committee on implementing family centered practices for health and human service providers in the county and served on the state evaluation committee for family centered practices.
- Identified training needs for family center practice workgroup.
- Attended the *Zero to Three Advocacy Network's* statewide evaluation subcommittee.
- Assisted in the development of requests for proposals for state grants for aging and collaboration.
- Led the *Safe Kids Coalition* to provide free car seats to children of financially eligible families.
- Participated in the federal *Boost for Kids* program, focusing on blending funding streams to serve families in the most efficient manner.
- Developed and submitted a *Unified Family Plan of Service* for the HSC's approval.
- As a result of publishing "Estimating the Need for an Infant Mental Health Intervention Program in St. Joseph County Report," hired an *Infant Mental Health* worker.
- Provided health, demographic and social data to the St. Joseph *Communities that Care Initiative*.
- Expanded the *Healthy Families and Nurturing Communities Program* and hired three home visitation workers.

Highlights of Future Opportunities in FY 2001

- Review the *Human Services Commission's Directions 1998 Plan* and evaluate its progress to date. Upon completion of the review, revise the commission's community plan for improving the quality of life in the county.
- Expand after school programs to Three Rivers and White Pigeon area schools.
- Provide quarterly data reports on program outputs and community outcomes to the Human Services Commission that include data from the Intermediate School District, Healthy Start, Early On, and other relevant programs and agencies.
- Develop a *St. Joseph County Profile on the Elderly* that includes information on demographics, long-term care options, mortality rates for selected causes, risk behaviors, and social concerns.
- Publish monthly press releases that highlight targeted health issues.
- Publish a *Health Trend* report that focuses on maternal-child concerns, such as the number of births, and rates of teen pregnancy, maternal morbidity and infant mortality.

Calhoun County Health Department



**2000 Population Count for
Calhoun County: 137,985**

**FY 2000 MDCH Funds Appropriated
\$30,269**

For more information, contact:

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or
Ginger Hentz, Assessment Team
Manager

**Calhoun County Health Department
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Battle Creek, Michigan 49014
Phone: (616) 969-6374**

Project Name: Calhoun Countdown 2000

Project Description

The community health assessment and improvement (CHAI) initiative in Calhoun County is a network of community organizations and coalitions that use health data to assess the health of specific populations; secure funding for needed health programs; and plan for the implementation of health programs. The Calhoun County Health Department is committed to supporting the CHAI process and is a key leader in health assessment and policy development efforts, designed to improve the health status of the community. The health department is the recognized leading authority in the community for producing credible reports that will be useful to its network of groups and community members. As part of this process, the health department also partners with the United Way of Greater Battle Creek and the “Common Commitment” process in providing data, tracking indicators, and mobilizing the community in its teen pregnancy prevention efforts. Minority health became a focal point of the assessment team in 1999-2000.

Community Priorities

- * Health Improvement for People of Color
- * Teen Pregnancy
- * Outcome Oriented Information System

Community Strategies

- Raise awareness of health disparities for African Americans and other people of color in comparison to Caucasians, by assessing health status issues and facilitating community dialogues to address *health improvement for people of color*.
- Establish an *outcome oriented information system* that provides reliable, electronic health data to area residents and community organizations.
- Reduce *teen pregnancy* by identifying high-risk populations and supporting collaborative prevention activities in the community.

Spotlight
Minority Health Partnership

In August of 1999, the Calhoun County Health Department published a report on the health status of African-Americans in Calhoun County. This document – *The Color of Health* – illustrated alarming disparities in health status between Caucasians and African-Americans.

The idea of establishing a local *Office of Minority Health* has emerged from some of the county’s prominent citizens as the best method for ensuring a systematic and long-term approach to improving the health status of all community members. To that end, the Calhoun County Health Department published a feasibility report, *Unequal Burden*, and facilitated the establishment of a broad-based *Minority Health Partnership* whose purpose is to promote health improvements for people of color.

Outcome Measurement

African-American <u>Diabetes Deaths</u>	<u>1994-98</u>
Age-adjusted rate per 100,000 population	42.0

Source: DVRHS, MDCH.

Highlights of Accomplishments in FY 2000

- Established a *Fetal and Infant Mortality Review Team* to assess contributing causes of fetal and infant deaths in the county.
- Conducted a focus group to better understand the needs of senior citizens.
- Completed a Senior Needs Assessment in partnership with the Area Agency on Aging Region III-B.
- Presented information on teen pregnancy in Calhoun County to the Coordinating Council (the multi-purpose collaborative body).
- In partnership with the United Way of Greater Battle Creek, presented information on teen pregnancy to the Teen Pregnancy Prevention Advisory Governing Body.
- Worked with “Common Commitment” to provide information and technical assistance on a community-based process that looks at health improvement and goal setting.
- Developed and disseminated the *Color of Health*, a report documenting health disparities.
- Wrote *Unequal Burden*, a report addressing the need for a local office of minority health.
- Operationalized the use of the community “Tool Kit” that improves access to community resources.
- Convened and facilitated the *African-American Health Issues Forum*.

Highlights of Future Opportunities in FY 2001

- Conduct a review of all infant deaths occurring in Calhoun County between 1999 and 2001. The review will include an analysis of: prenatal care, circumstances surrounding birth, environment factors, and other factors associated with their death.
- Collaborate with the United Way and Teen Health Workgroup in reducing the number of births to teens, by analyzing disparities among groups and mapping areas of high teen births. Pursue funding for teen pregnancy prevention programming for area youth.
- Enhance community capacity to map health issues and disseminate community resource information by piloting a geographical information system that maps teen births. Develop a CD-Rom community tool kit.
- Strengthen the CHAI process by identifying new community stakeholders (*Regional Health Alliance*) and revisiting community priorities. As older priorities are reaffirmed and new priorities are identified, assist the stakeholder group in establishing an agenda to set goals and objectives and identify responsibilities.
- Establish and mobilize a *Minority Health Partnership* (MHP) to develop goals and a long-term strategic plan for addressing health disparities in the minority community.
- Establish an electronic databank of health information that is easily accessible to community members and organizations. Publish *Faces of Health 2000*, a health status report update.

**Central Michigan District Health
Department (Arenac)**



**2000 Population Count for
Arenac County: 17,269**

**FY 2000 MDCH Funds Appropriated
\$81,679 per District**

For more information, contact:

Mary Kushion, Health Officer
or
Helen Lee, Program Coordinator

**Central Michigan District Health Dept
2012 E. Preston Avenue
Mt. Pleasant, Michigan 48858
Phone: (989) 772-8147**

Project Name: Arenac County Multi-Purpose Collaborative Body

Project Description

The community health assessment and improvement (CHAI) process is part of the Arenac County Multi-Purpose Collaborative Body (MPCB). Health department staff attends and actively participates in monthly meetings. CHAI staff assists with subcommittee activities related to community needs and policy development. Subcommittee members consist of representatives from: hospital, FIA, MSU Extension, primary care facility, domestic outreach and shelter, health department, school systems and churches. The subcommittee reports to the full MPCB, seeking both guidance and approval for actions. The MPCB and its subcommittee meetings are open. Community members are invited to attend these meetings.

Community Priorities

- * Cardiovascular Disease
- * Community Activities for Youth
- * Coordination of Community Resources
- * Domestic Violence and Sexual Assault
- * Economic Development
- * Lead Poisoning
- * Leadership
- * Medical and dental health care

Community Strategies

- Reduce the use of youth tobacco and alcohol consumption by providing ongoing support for current ***youth activities*** and advocating for additional activities that promote self-esteem and moral character.
- Raise community awareness of ***domestic violence and sexual assault*** issues within the county by distributing local, state and national statistical data to local groups and media contacts.
- Promote known opportunities for ***economic development*** and research new opportunities.
- Cultivate and utilize untapped ***leadership*** abilities of local residents in addressing community issues.
- Promote the awareness of unmet ***medical and dental health care*** needs of county residents through information sharing.

Spotlight

Coordination of Community Resources

The CAT project was designed by MSU to be a short run, intensive “snapshot” look at a community. The team traveled to Arenac in April 2000. The goal of the process was to give the county a set of observations that yielded insight and provided them with specific alternatives for community consideration. The community then used this information to develop its *Arenac County Community Prevention Plan*.

Areas of concern were identified by the local MPCB. The CAT gathered information and provided feedback and suggestions. The CAT worked with a local steering committee to develop research and a community implementation program. Team members included: Michigan State University staff, health and human service directors, community representatives, selected business, community leaders, etc. The skills represented on the team were specific to health and economic issues faced by the community and identified as important.

Outcome Measurement

<u>Domestic Violence</u>	<u>1999</u>
911 DV/SA related calls	353
Referrals to Crisis Center	24

Source: 911 and Women’s Center Logs.

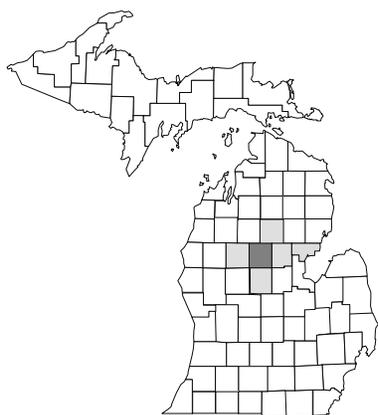
Highlights of Accomplishments in FY 2000

- Raised funds and coordinated the Community Assessment Team (CAT) visit. Assisted CAT in convening community groups and conducting interviews.
- Published and distributed CAT report and sponsored a town hall meeting to discuss findings.
- Assisted in the preparation of grant applications related to violence prevention and infant and child health.
- Assisted in the preparation of grant applications. Funds were awarded for immunization tracking and outreach (Health Department/Sterling Area Health Center), community youth activities (MSU Extension), and life skill training (MSU Extension/Sterling Area Health Center).
- Provided local and state wide statistical data to MPCB and its member organizations.
- Shared continuing education opportunities with the MPCB and its member organizations.

Highlights of Future Opportunities in FY 2001

- Develop and initiate a *Child Death Review Team* to identify and study the causes of death in Arenac’s children and to propose strategies that will prevent future premature deaths for this age group.
- Work with the community to identify four to six indicators that can be used to monitor childhood exposure to lead poisoning.
- Develop, publish and distribute a county *Lead Poisoning Prevention Report Card* that establishes baselines and incorporates state and local data sources.
- Work with the community to identify four to six indicators that can be used to monitor the community’s progress in addressing domestic violence and sexual assault issues.
- Develop, publish and distribute a county *Domestic Violence/Sexual Assault Referral and Resource Report Card* that establishes baselines and incorporates state and local data sources.
- Increase victim and referral services through community awareness activities for domestic violence/sexual assault/child abuse and neglect issues, utilizing promotional activities that are scheduled to coincide with: Arenac County Fair (July), Sexual Assault Month (April), Domestic Violence Month (October) and Child Abuse and Parenting Awareness Month (April).

**Central Michigan District Health
Department (Clare)**



**2000 Population Count for
Clare County: 31,252**

**FY 2000 MDCH Funds Appropriated
\$81,679 per District**

For more information, contact:

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Phone: (989) 772-8147**

Project Name: Clare County Human Services Coordinating Body (HSCB)

Project Description

The community health assessment and improvement (CHAI) process is a subcommittee of the Clare County Human Services Coordinating Body (HSCB). The subcommittee is charged with identifying community health problems, inventorying community resources and developing and overseeing the implementation of the community-wide health plan. In 1998, after several revisions and almost complete implementation of the CHAI plan, Clare County undertook a process that resulted in Clare County being designated as a *Federal Enterprise Community*. The process identified new community priorities and created a ten-year community plan. Linkages were developed between the Human Services Coordinating Body (HSCB) and the newly formed *Clare County Enterprise Board*. During the past year, CHAI committee members have made the community aware of the *Enterprise Community's* ten-year plan and served on coalitions and committees involved in implementing the plan. CHAI members present a status report on the health of Clare County to attendees. Goals and objectives to address negative trends in the community's health are being constructed.

Community Priorities

- * Child and Teen Problems
- * Education and Training
- * Heart Disease
- * Housing
- * Jobs
- * Medical Care

Community Strategies

- To promote the positive development of *children and teens*, the community will develop youth centers in each community.
- To assure a *well-educated and trained* workforce, the community will plan and develop the pre-kindergarten through grade 12 career preparation system and vocational training center.
- To assure adequate and affordable *housing*, the community will establish a countywide rental code.
- To reduce the county's *unemployment rate* and assure an adequate living for county residents, the community will expand and develop industrial parks in Clare, Farwell and Harrison.
- To improve community outreach of health services to outlying areas and improve access to *medical care* for underserved persons, the community will purchase a four-wheel drive health unit.

Spotlight Jobs

On January 11, 1999, Clare County learned that it was designated as an *Enterprise Community*. As of October, 2000 its most significant accomplishment has been the establishment of a *Clare County Community Farmers Market*. Based upon a proposal that was prepared and submitted, Michigan Integrated Food and Farming Systems awarded the community a grant of \$23,175. During December 1999, the committee began developing a grant to help support the feasibility study/business plan development. They also sought a Michigan Department of Agriculture Export Market Development Assistance Grant to help support web-based international product marketing. Many positive relationships have been established. Understanding the need for Clare County to market itself on a regional basis, several business leaders began working with Middle Michigan Development Corp. (MMDC), a nonprofit corporation, located in a neighboring county. Together, they are completing a marketing study that will lead to a joint marketing plan for Clare and Isabella counties.

Outcome Measurement

<u>Unemployment</u>	<u>1998</u>	<u>2000</u>
% of population	7.9%	6.4%

Source: MDCD-E.S.A. – LAUS DATA.

Highlights of Accomplishments in FY 2000

- Provided an opportunity for the formation of partnerships while exploring and developing grant possibilities. Specifically, applications for the *Rural Health Outreach Program*, and the *All Students and Parents Achieving in Education (ASAP-PIE)* grants were made. In the Rural Health Outreach grant, the CHAI community plan was used to demonstrate need and served as a starting point for communicating the community's health problems. In the ASAP-PIE grant, CHAI staff assisted the community in conducting a needs assessment, mapping assets, identify community priorities, and developing collaborative relationships and community partnerships. The community priorities identified during this process were identical to the community priorities identified in the 1995 CHAI community plan. Though funding was not secured from either grant source, the community intends to use the products of the recent CHAI process, as they continue to search for grant funding opportunities.
- Along with the Clare County Human Service Coordinating Body (HSCB), CHAI co-sponsored the Clare County Children's Services Forum. The theme of the forum was *Dealing with Change*. Approximately 60 participants from Clare County health and human service agencies attended the forum, including six parents and six youth who represented local service consumers.

Highlights of Future Opportunities in FY 2001

- Work with the community to identify four to six indicators that can be used to monitor teen pregnancy outcomes.
- Develop, publish and distribute a county *Teen Pregnancy Report Card* that establishes baselines and incorporates state and local data sources.
- Work with the community to identify four to six indicators that can be used to monitor the community's progress in improving the health of children in Clare County.
- Develop, publish and distribute a county *Immunization Report Card* that establishes baselines and incorporates state and local data.

**Central Michigan District Health
Department (Gladwin)**



**2000 Population Count for
Gladwin County: 26,023**

**FY 2000 MDCH Funds Appropriated
\$81,679 per District**

For more information, contact:

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2012 E. Preston Avenue
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Phone: (989) 772-8147**

Project Name: Gladwin County Human Services Coordinating Body

Project Description

The Gladwin County Community Health Assessment and Improvement (CHAI) process is part of the Human Services Coordinating Body (HSCB) and serves as subcommittee to the local HSCB. The subcommittee is charged with developing a community health plan. The plan includes: community priorities, goals, and measurable objectives, along with action plans for its implementation. The health department provides staff to facilitate the process and conducts the majority of the work for the completion of health assessment reports. Subcommittee members include representatives from: local hospital, school district, board of commissioners, medical community, ministerial association, community-based organizations, and the community-at-large. The subcommittee reports to the full HSCB, and seeks their guidance, recommendations and approval for actions. The health officer and other human service directors are members of the HSCB. While the HSCB membership is set by the organization's by-laws, meetings are open to community residents and their participation is encouraged.

Community Priorities

- * Alcohol, Tobacco and Other Drugs
- * Child Abuse and Neglect
- * Cardiovascular Disease
- * Teen Pregnancy

Community Strategies

- Support parents in their efforts to raise drug-free children by developing and implementing substance abuse (*alcohol, tobacco and other drugs*) prevention activities and programs that target youth and families.
- Reduce the incidence of *cardiovascular disease* by promoting activities related to physical activity, nutrition and tobacco cessation and prevention.
- Reduce the incidence of *child abuse and neglect* by sponsoring and coordinating parenting education and adult mentoring programs.
- Assist the abstinence coalition in reducing *teen pregnancy* by conducting ongoing assessment and monitoring activities.

Spotlight
Child Abuse and Neglect

The 2000 Gladwin County Community Baby Shower (a parenting workshop) was coordinated by the Child Abuse and Neglect Prevention Council. The planning committee also included representatives from FIA, Early On and the Council on Domestic Violence.

The purpose of the activity was to promote parenting skills and resources to parents of children, prenatal through one year of age. Participants included 75 new or pregnant mothers and an additional 25 individuals who were identified as part of their support network. Lunch was provided in conjunction with the two workshops. Workshops addressed infant massage and child safety. Numerous door prizes and educational packets were distributed.

Outcome Measurement

<u>Child Abuse & Neglect*</u>	<u>1994</u>	<u>1997</u>
Rate per 1,000 children, under age 17	13.5	5.5

* Substantiated Victims of Abuse and Neglect
Source: Kids Count In Michigan.

Highlights of Accomplishments in FY 2000

- Presented an overview of the community health plan for Gladwin County to the Central Michigan District Health Department’s Board of Health.
- Conducted a perception survey of parents and school-aged children related to youth access for alcohol, tobacco and other substances. Respondents consisted of 100 parents, 100 high school students and 100 junior high school students. The Tobacco Reduction Coalition developed the survey.
- Published a report on tobacco usage among Gladwin County adult residents.
- Assisted the abstinence coalition in coordinating an after school program for 5th and 6th grade students in Beaverton and Gladwin schools. Approximately 90 students participated in the eight-week program.
- Assisted the Child Abuse and Neglect Prevention Council in coordinating the *Parenting Awareness Month* activities that included a poster contest “What Makes My Parent/Grandparent Special” for county 5th graders. Also distributed a “Family Activity Calendar” grocery bag insert.
- Assisted the Heart of Michigan Fitness Council in implementing the *All Children Exercising Simultaneously* (ACES) program at Gladwin Elementary School. Approximately 1,000 elementary Gladwin school students exercised for 30 minutes on the first Wednesday in May.
- Coordinated a radio quiz show promoting *National Nutrition Month*. Program posed six nutrition questions to the audience throughout the day. In addition, the group sponsored numerous promotional spots on the radio.

Highlights of Future Opportunities in FY 2001

- Work with the community to identify four to six indicators that can be used to monitor tobacco usage in the county.
- Develop, publish and distribute a county *Tobacco Report Card* that establishes baselines and incorporates state and local data sources.
- Work with the community to identify four to six indicators that can be used to monitor the community’s incidence, hospitalization, and mortality related to cancer.
- Develop, publish and distribute a county *Cancer Report Card* that establishes baselines and incorporates state and local data.

**Central Michigan District Health
Department (Isabella)**



**2000 Population Count for
Isabella County: 63,351**

**FY 2000 MDCH Funds Appropriated
\$81,679 per District**

For more information, contact:

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2012 E. Preston Avenue
Mt. Pleasant, Michigan 48858
Phone: (989) 772-8147**

Project Name: Action for Our Kids (A OK) Committee

Project Description

The current assessment process is coordinated through the *A OK Committee* in conjunction with the Isabella County Health and Human Services Collaborative Council. Its structure and process has not changed over the past several years. Health department staff serves as a resource for both committees, as well as several others, and is active in multiple, concurrent assessment processes. Four department heads facilitate the *A OK Committee*, including the health officer of the District Health Department. The health education supervisor is responsible for reporting to MDCH on the county's community health assessment progress. Staff works in direct relationship with the health officer and *A OK*, as well as participates in the collaborative council on a bi-monthly basis. The major partners include: department heads from human services and representatives from local schools, churches, the county and city commissions, university, state government and the community at-large.

Community Priorities

- | | | |
|---------------------|----------------------------|------------------|
| * Data Surveillance | * Infant and Child Health | * Teen Pregnancy |
| * Heart Disease | * Infant and Child Safety | * Youth Assets |
| * Immunizations | * Information and Referral | |

Community Strategies

- Develop and implement an infant and child health **data surveillance** system that includes the periodic release of an *A OK Report Card* for the purpose of informing the community on its progress towards improving the health of county children.
- Reduce the incidence of childhood morbidity through appropriate **immunization** and public education.
- Promote **infant and child health** improvement efforts by offering a variety of prevention programs that emphasize periodic assessments, screenings and education.
- Improve access to community services by creating and linking county health and human service web pages that describe program specific **information**, such as service hours, eligibility requirements, and contact information.
- Promote the development of **youth assets** through programming, advocacy, policy development and on-going monitoring activities.

Spotlight
Infant and Child Health

The *Action for Our Kids* (A OK) group produced a status report card on children living in Isabella County in 1994. A follow-up report card was produced in 2000 to show the updated status of children since the 1994 report card. Both report cards were distributed to over 5,000 community members. Several positive outcomes have occurred as a result of the report cards. Physician recruitment efforts were increased; immunization rates improved, more respite services were provided, childcare availability increased, and child sexual assault examinations by specialty physicians became available.

Outcome Measurement

Infant & Child Health Outcomes	<u>1994</u>	<u>2000</u>
Physician ratio per children	1:6,300	1:1,746
% children immunized	64%	88%

Source: Central Michigan Health System.

Highlights of Accomplishments in FY 2000

- Working with the A OK Committee, produced and released a community report card titled “Update on Our Children, A Status Report.” The second edition of this document reports on the current status of, and offers comparisons for, a set of child welfare indicators that were established in 1994.
- Completed the distribution, collection, compilation and analysis of the Search Institute Asset Survey. A total of 1,359 students representing the county’s 7th, 9th and 11th grades were targeted. A kick-off press conference was held on March 10, 2000 with a 122 interested community leaders in attendance.
- Applied and received a *Two Percent Saginaw Indian Tribe Grant* to expand CVD education in the community. Part of the funding supported a pilot research project on CVD risk factor prevalence among 5th graders, done in conjunction with Central Michigan University.
- Applied and received \$136,000 to expand the school-based CVD risk identification and prevention project to all county schools. The project partners include: Central Michigan University, Central Michigan District Health Department, and Central Michigan Community Hospital. The comprehensive project provided heart health education and screening to more than 1,300 students and offered nutrition counseling to parents.

Highlights of Future Opportunities in FY 2001

- Work with the community to identify three to four indicators that can be used to monitor the county’s childhood immunization status.
- Develop, publish and distribute a county *Immunization Report Card* that establishes baselines and incorporates state and local data sources.
- Work with the community to identify three to four indicators that can be used to monitor the community’s incidence of teen pregnancy.
- Develop, publish and distribute a county *Teen Pregnancy Report Card* that establishes baselines and incorporates state and local data.
- Coordinate the rural health initiative school-based CVD project to screen and educate Isabella County school children in grades 5, 8, and 11.
- Work to compile findings from school-based CVD project and establish risk factor baselines. Seek funding to continue pilot research and expand the project. Publish its results.

**Central Michigan District Health
Department (Osceola)**



**2000 Population Count for
Osceola County: 23,197**

**FY 2000 MDCH Funds Appropriated
\$81,679 per District**

For more information, contact:

Mary Kushion, Health Officer
or
Helen Lee, Program Coordinator

**Central Michigan District Health Dept
2012 E. Preston Avenue
Mt. Pleasant, Michigan 48858
Phone: (989) 772-8147**

Project Name: Osceola County Community Health Assessment

Project Description

In Osceola County, community assessment and improvement (CHAI) is a subcommittee of the Osceola County Multi-Purpose Collaborative Body (MPCB). Health department staff, along with representatives of the MPCB, collects and interprets data as needed to support the CHAI process within the community. The subcommittee is charged with developing a *Community Health Plan* for Osceola County, as well as using data to support the efforts of the Osceola County MPCB, *Early On*, and the *Immunization Compliance Tracking Project*. Subcommittee members include representatives from Spectrum Health-Reed City Campus, Human AID, Reed City Schools, Evert Schools, Eagle Village Inc., FIA, Osceola Friend of the Court and Probate Court, Central Michigan District Health Department and the community-at-large. The subcommittee reports to the full MPCB as needed for guidance.

Community Priorities

- * Access to Health Care
- * Cardiovascular Disease
- * Child and Teen Problems
- * Economics
- * Education
- * Immunizations
- * Substance Use and Abuse
- * Teen Pregnancy

Community Strategies

- Improve ***access to health care*** by increasing the number of children who visit health professionals for regularly scheduled immunizations. Also, encourage health professionals and local industries to work in partnership to assure appropriate access to health care services.
- Reduce the incidence of ***child and teen*** violence by working with schools to improve conflict resolution skills. Also, provide parental education about violence in the media and its negative impact on children.
- Reduce ***economic*** burdens of vulnerable populations by marketing existing economic assistance programs.
- Assure all preschoolers are ready for school by improving parental opportunities to access ***educational*** services designed to assist them.
- Reduce ***substance abuse*** in the county by creating a set of community standards that address inappropriate usage.

Spotlight Education

The *Ready to Succeed Community Forum* was held in August of 2000. The purpose of the forum was to extend the dialogue about early childhood education and care by identifying and communicating with a cross-section of local leaders representing business, health, K-12 and higher education.

Three topics were explored:

Parent Involvement: The group discussed techniques that would ensure more involvement from parents and improve access to services. High-Quality Care-giving: Exploration of the existing options concerning child-care and preschool programs and resources. The group discussed ways to improve parents' knowledge levels about quality child care and how to make this information more accessible to the community. Community Responsibility: Some subcommittees were formed to address what role the community can play and how existing programs can be expanded to ensure that every child has an opportunity to succeed.

Outcome Measurement

<u>Education</u>	<u>1995-96</u>	<u>1997-98</u>
High School Completion Rates	81.3%	86.3%

Source: 1999 Michigan School Reports, MDE.

Highlights of Accomplishments in FY 2000

- Partnered with Early On and the Family Independence Agency (FIA) on a \$44,000 grant application to develop *Referral Connection Program*, a program designed to increase information about and utilization of health and human services by Osceola County families. Program was funded in October of 2000.
- *Referral Connection Program* hired a resource referral coordinator who is responsible for connecting clients with the available resources within the county, via a toll-free hotline.
- A community forum entitled "Ready to Succeed" was held in August of 2000. Its objective was to promote discussion among participants about the types of county services that are needed to ensure school and life success. The forum was sponsored by *Early On, Zero to Six* and the *4Cs* and has served as a catalyst for the development of other partnerships among representatives of organizations whose purpose is to influence the lives of families of young children.

Highlights of Future Opportunities in FY 2001

- Work on prevention/intervention outreach for area children and teens using Osceola Community Assessment Action Plan.
- Collaborate with District #10 Health Department to provide tobacco education to Osceola County residents as one way to address the county's substance use and child and teen problems priorities.
- Work with the community to identify four to six indicators that can be used to monitor the county's childhood immunization status.
- Develop, publish and distribute a county *Immunization Report Card* that establishes baselines and incorporates state and local data sources.
- Work with the community to identify four to six indicators that can be used to monitor the community's incidence of teen pregnancy.
- Develop, publish and distribute a county *Teen Pregnancy Report Card* that establishes baselines and incorporates state and local data.

**Central Michigan District Health
Department (Roscommon)**



**2000 Population Count for
Roscommon County: 25,469**

**FY 2000 MDCH Funds Appropriated
\$81,679 per District**

For more information, contact:

Mary Kushion, Health Officer
or
Helen Lee, Program Coordinator

**Central Michigan District Health Dept
2012 E. Preston Avenue
Mt. Pleasant, Michigan 48858
Phone: (989) 772-8147**

Project Name: Roscommon County Multi-Purpose Collaborative Body

Project Description

The community health assessment and improvement (CHAI) process is part of the Roscommon County Multi-Purpose Collaborative Body (MPCB). The Children's Action Team is a subcommittee of the MPCB that focuses specifically on immunizations. Health Department staff serves as the group's facilitator. The Children's Action Team includes representatives from: local schools, Early-On, School Link Program, medical community, FIA, MSU Extension, Riverhouse Shelter, Kiwanis Club, Commission on Aging and Mental Health Authority. Children's Action Team activities are reported to the MPCB and other community coalitions.

CHAI efforts will broaden in scope when the Central Michigan District Health Department (CMDHD) joins the multi-county North Central Community Health Assessment Initiative (NCCHAI). Through the NCCHAI, CMDHD staff will participate in the following regional activities: developing a website with CHAI information generated from the next North Central assessment process; conducting a community survey, as well as publishing and distributing major findings; revamping the organizational structure of the Northern Michigan Regional Coordinating Committee for 21 counties; and developing a report card project. Additionally, the regional expansion will facilitate the inclusion of environmental issues as priorities; as well as strengthen Roscommon County's ability to compete for funding opportunities.

Community Priorities

- * Cardiovascular Disease
- * Immunizations
- * Teen Pregnancy
- * Child Safety Issues
- * Infant/Child Growth and Development

Community Strategies

- Promote **immunization** compliance by working collaboratively to sponsor an annual immunization health fair.
- Coordinate the distribution of **immunization** information to clients through various health and human service programs.
- Conduct outreach activities, such as "Birth Announcements", to encourage new moms to have their infants properly immunized (**Infant/Child Growth & Development**).
- Conduct compliance checks and tracking activities to notify parents of missed appointments or interruptions in the **immunization** schedule.

Spotlight
Infant/Child Growth and Development

The fifth consecutive *Annual Children's Health Fair* took place in 2000. School-age children and their parents were educated on the importance of nutrition through MSU Extension. Some children attending the fair dressed in fruit and vegetable costumes. Local fire, police and ambulance personnel demonstrated standard safety precautions that should be taken routinely. Children were fingerprinted and received photo ID cards. Other health and human service agencies provided child development resources. *Early Head Start*, the Central Michigan District Health Department, the Family Independence Agency and area hospitals were present to speak with expectant moms and teen parents on specific programs available to them.

Outcome Measurement

Appropriately <u>Immunized</u>	<u>1996</u>	<u>2000</u>
% of children, 19-35 months-old	58%	88%

Source: CPH, MDCH.

Community Strategies continued.

- Provide professional education to assure that county medical personnel are up-to-date with changing *immunization* standards.

Highlights of Accomplishments in FY 2000

- Partnered with 34 local health and human service agencies to provide an *Annual Children's Health Fair*.
- Partnered with Houghton Lake Community Schools and Merck Drug Company to vaccinate 117 middle school students and one teacher through the *Roll Up Your Sleeve-Hepatitis B* program.
- Informed CMDHD Board of Health of immunization research and statistics through a series of presentations made by Dr. Graham, Medical Director. Topics included: *Encephalitis, Influenza and Rabies Vaccines, Oral Polio Vaccine and Rotavirus, Influenza Data and Trends, Month of the Young Child*, and *Flu Shot Shortfalls*.

Highlights of Future Opportunities in FY 2001

- Work with the community to identify four to six indicators that can be used to monitor the county's childhood immunization status.
- Develop, publish and distribute a county *Immunization Report Card* that establishes baselines and incorporates state and local data sources.
- Work with the community to identify four to six indicators that can be used to monitor the community's incidence of teen pregnancy.
- Develop, publish and distribute a county *Teen Pregnancy Report Card* that establishes baselines and incorporates state and local data.

Chippewa County Health Department



**2000 Population Count for
Chippewa County: 38,543**

**FY 2000 MDCH Funds Appropriated
\$14,959**

For more information, contact:

James Terrian, M.D., Health Officer
or
Rosemary Blashill, Program Coordinator

**Chippewa County Health Department
508 Ashmun St., Suite 120
Sault Ste. Marie, Michigan 49783
Phone: (906) 635-1566**

Project Name: Chippewa County Community Health Assessment Committee

Project Description

The Chippewa County Community Health Assessment Committee is a partnership between the Chippewa County Health Department and War Memorial Hospital. The committee functions as a recognized subcommittee of the Chippewa County Multi-Purpose Collaborative Body (MPCB). Institutionalized in 1999, the committee reviews and comments on community health assessment data and presents the results of its findings to the MPCB and other interested community stakeholder groups. It also is involved in assisting agencies with conducting targeted assessments, setting priorities, and developing action plans to address community needs.

Community Priorities

- * Early Childhood Development
- * Emergency Medical
- * Substance Abuse Services
- * Suicides
- * Tobacco

Community Strategies

- Promote the adoption of family-friendly workplace policies by employers in order to enhance the quality of family life experienced by employees with young children (***early childhood development issues***).
- Increase the proportion of women whose infants are breastfed exclusively in order to improve health outcomes and maternal-infant bonding (***early childhood development issues***).
- Improve the ***emergency medical services*** delivery system by creating a regional network of EMS providers; improving resource coordination; and expanding access to EMS educational services.
- Reduce the incidence of ***substance abuse*** among teens by supporting and developing community-based prevention education and promoting the community's assets.
- Monitor the number of ***suicides*** occurring within the county. Develop a suicide prevention committee and create a community awareness campaign on the signs and symptoms of depression.

Spotlight

EMS Recruitment and Retention

The *Eastern U.P. EMS Training and Education Network* is comprised of two medical control authorities, three hospitals, three emergency departments and 24 EMS pre-hospital providers, located in Chippewa, Luce and Mackinac counties. The purpose of the network is to “promote optimal care for the emergency patient.”

The project enables local EMS training program sponsors to complete the “on-site review process” specified by the Michigan Department of Consumer and Industry Services. Once completed, the program sponsors are certified to conduct primary training, as well as offer these trainings through mobile training units. Network partners coordinate the acquisition of needed medical training equipment. Additionally, they are establishing a training scholarship assistance program, designed to address recruitment and retention issues.

Outcome Measurement

<u>Recruitment & Retention</u>	<u>1997</u>	<u>2000</u>
# of EMS Personnel	240	157

Source: U.P. EMS Survey.

Community Strategies continued.

- Advocate for the adoption of *tobacco-free* policies in both local and state governments.

Highlights of Accomplishments in FY 2000

- Community Health Assessment Committee was established as a subcommittee of the Chippewa County Multi-Purpose Collaborative Body.
- Committee expanded its membership to include Community Mental Health and the Family Independence Agency.
- Committee completed MSU Extension’s asset-based training and began identifying community assets.
- Committee reviewed mortality rates, identified suicide as a priority area and recommended the formation of the Suicide Prevention Task Force.
- Committee assisted local EMS providers in reviewing EMS data, making application and securing \$200,000 in grant funds from MDCH’s Rural Health Initiatives program to develop the *Eastern UP EMS Training and Education Network*.

Highlights of Future Opportunities in FY 2001

- Co-sponsor an educational forum on the 40 developmental assets for youth, featuring information from the Search Institute.
- Working in conjunction with Lake Superior State University faculty and students, conduct an asset-based survey of the community in order to better understand its needs and resources.
- Publish and distribute asset findings as part of a health profile that informs the community of its current health status.
- Publish a series of educational, health-focused articles in the local newspaper, that will include information on the following topics: substance abuse, EMS Service Network, local health care providers, alcohol abuse, smoking, access to care and leading causes of death.
- Publish and distribute a *Report Card on the Community’s Health Care Services*.
- Identify groups to carry on activities as proposed by the CHA Committee’s data findings.
- Continuously review community data for local groups.

Public Health - Delta and Menominee Counties



**2000 Population Count for
Delta & Menominee Counties: 63,846**

**FY 2000 MDCH Funds Appropriated
\$27,648 per District**

For more information, contact:

John Petrasky, Health Officer

or

Tina Bart, Director Health Promotion

**Public Health - Delta and Menominee
Counties**

2920 College Avenue

Escanaba, Michigan 49829-597

Phone: (906) 786-4111

Project Name: Community Health Assessment and Improvement (CHAI)

Project Description

The community health assessment and improvement process in Delta and Menominee counties is carried out via the human services coordinating bodies (HSCB). The Health Department's role with the HSCB is to identify, prioritize and seek solutions to health issues. The Public Health - Delta and Menominee Counties (PHDMC) agency utilizes the HSCB's monthly meeting agendas to share relevant health information. PHDMC assumes the lead in developing *Annual Health Status Report Cards* on the top five health issues identified by the HSCB. PHDMC also assures completion of a local health survey for each county at least once every three years. PHDMC assists in developing a Community Health Plan that includes community priorities, goals and objectives, strategies for improvement and action plans for implementation.

The HSCB members include representatives from: Family Independence Agency, Community Action Agency, Michigan Works, United Way, Community Foundation, Pathways, Family Court, ISD, UPCAP, and Public Health Department. PHDMC is currently utilizing the *Mobilizing Community Workgroup* to facilitate the CHAI process. This subcommittee reports to the HSCB. The establishment of a separate committee to carry out CHAI activities is being discussed.

In addition, a regional peer assistance group was established and consists of all the CHAI coordinators from local health departments located across the Upper Peninsula. The group works to standardize CHAI methods and structures by sharing information and coordinating data collection efforts.

Community Priorities

* Physical Well-being * Substance Abuse * Teen Pregnancy * Violence

Community Strategies

- Improve *physical well-being* by providing heart health screenings and education at local worksites and community locations.
- Reduce the incidence of *substance abuse* among youth by promoting community assets.
- Reduce the incidence of *teen pregnancy* by increasing protective factors among teenage girls.
- Reduce the incidence of *violence* among teens by working collaboratively to promote conflict resolution programs within local schools.

Spotlight
Youth Asset Promotion

Through *Youth First!*, a workgroup of the Family Coordinating Council of Delta County, a number of activities and commitments have taken place to fulfill the five promises the community has made to its children:

- Ongoing relationships with caring adults;
- Safe places with structured activities;
- Healthy start and future;
- Marketable skills through effective education; and
- Opportunities to give back through community service.

As a result, over 300 youth were matched with caring adults; 1,800 were provided with a safe place; 260 were provided with a healthy start and future; 270 attained a marketable skill; and 250 have been given the opportunity to serve their community.

Outcome Measurement

Commitments	
<u>to put youth first</u>	<u>2000</u>
# of personal commitments	250

Source: 2001 Program Report, PHDMC.

Highlights of Accomplishments in FY 2000

- Partnered with Marquette County Health Department to secure \$200,000 in Rural Health Initiative funding for a U.P. wide Wellnet project.
- Conducted, analyzed and disseminated a community-based health utilization survey that identified gaps in the service delivery system.
- Formalized CHAI process within the health department and the HSCB in order to clarify roles and responsibilities, as well as improve linkages and information sharing opportunities.
- Partnered with local schools to administer the SEARCH Institute Survey for identifying youth assets and deficits.

Highlights of Future Opportunities in FY 2001

- Assist local schools in interpreting and disseminating SEARCH Institute results to local communities and the county.
- Working collaboratively within the HSCB structure, review SEARCH Institute data, community health data and survey results.
- Revisit community priorities, modify priority list based upon information reviewed, and develop and implement action plans that impact community health issues.
- Establish outcome measures for community health improvement efforts and begin the monitoring process.
- Provide a status report of community priority health issues by publishing and disseminating a series of five health status report cards that reflect health status, survey, or available utilization data.

City of Detroit Health Department



**2000 Population Count for the
City of Detroit: 951,270**

**FY 2000 MDCH Funds Appropriated
\$85,707**

For more information, contact:

Judith Harper-West, Acting Health
Officer
or
Barbara Jones, Program Coordinator

**City of Detroit Health Department
1151 Taylor Street
Detroit, Michigan 48202
Phone: (313) 876-4000**

Project Name: Detroit Community Health Assessment and Improvement (CHAI)

Project Description

The Detroit CHAI initiative involves the interaction of essentially three groups: the *Detroit Health Department Provider Workgroup*, the *Area Planning and Health Services Coordinating Bodies*, and the *Area Health Program Advisory Groups*. The initiative has served to build and strengthen a community planning process and to provide greater means for realizing planned community change. Traditional lines of communication and influence are being augmented by the attraction of new participants to the planning process. Targeted communities, whether consumer or provider, are becoming increasingly involved in recognizing issues and in establishing community commitment to planned community change.

Community Priorities

- * Cancer
- * Cardiovascular Disease
- * Childhood Lead Poisoning
- * Diabetes
- * HIV/AIDS
- * Immunization
- * Infant Mortality
- * Substance Abuse

Community Strategies

- Reduce ***cancer*** morbidity and mortality by providing breast, cervical, and prostate screening programs and an ongoing health education campaign that is culturally sensitive.
- Reduce ***cardiovascular disease*** by promoting blood pressure and diabetes screenings during a patient's initial visit and by raising awareness of prevention efforts through community events, counseling, presentations, and lectures.
- Reduce ***childhood lead poisoning*** by supporting initiatives that offer universal screening to identify children with elevated lead levels and link to public health nursing case management services.
- Empower the community to address ***diabetes*** by offering culturally-targeted public screenings at three health clinics and conducting a public awareness campaign.
- Improve access to screening, counseling, housing, and medical care for persons with ***HIV/AIDS*** through community initiatives, culturally specific support groups, and community-wide conferences.
- Assure appropriate ***immunization*** of all children on a timely basis and encourage providers to utilize the *Michigan Childhood Immunization Registry*.
- Assure access to care, and in effect reduce ***infant mortality***, by supporting a community consortium to coordinate and enroll eligible mothers and infants in available coverage and insurance programs.
- Expand ***substance abuse*** outreach efforts for early intervention through trainings and community-wide conferences, along with increasing the availability of treatment to the underserved.

Spotlight Community Health Profiles

The Detroit Health Department and Healthy Detroit have produced two community reports, the *Data Book* and *Partnerships in Progress*, which are integral components of the ongoing community health assessment and improvement initiative. These profiles assist the community in maintaining a broad strategic view of its health status and the factors that influence health in the community.

The *Data Book* focuses primarily on a selected, relevant set of health outcome indicators. The *Partnerships in Progress* report focuses on a wide spectrum of health and social indicators, including education, crime, and transportation. The indicators provide basic descriptive information on the health status of the community. These two reports are valuable tools to the community, and its various agencies, as they plan, set priorities, and seek funds to create community change.

Outcome Measurement

<u>Diabetes Deaths</u>	<u>1998</u>	<u>1999</u>
Age-adjusted rate per 100,000 population	30.8	33.4

Source: Data Book, CDHD.

Highlights of Accomplishments in FY 2000

- Published the *Detroit Health Department Data Book*, which includes morbidity, mortality, natality, and demographic data. The purpose of the *Data Book* is to assist community groups in easily identifying health problems and concerns.
- Assisted in the development of the Healthy Detroit *Partnerships in Progress* report. This report provides a “snapshot” of both health and social indicators that indicate progress towards improvement, as well as highlight the challenges that remain.
- Integrated a coordinated planning effort for all department programming using the community health assessment and improvement model.
- Supported a community-wide promotion of “Back to Sleep” for the prevention of SIDS.
- Provided case management to more than 900 children with elevated lead levels.
- Supported and participated in the *Women & AIDS Conference*.
- Participated in the first *Youth Tobacco Survey of Detroit* middle school students.
- Certified the fourth diabetes educator for the *Detroit Diabetes Empowerment Project*.
- Conducted a cancer workshop for area providers on being sensitive to client needs and culture.
- Kicked-off a *Walking for Wellness* program with area churches’ walking clubs in order to improve overall health and reduce cardiovascular risks.
- Promoted and maintained the *Southeastern Michigan Childhood Immunization Registry* (SEMCIR).

Highlights of Future Opportunities in FY 2001

- Facilitate the realization of change activities based on sound needs identification, resource assessment, and community commitment, including the integration of a wide range of program planning activities through the identification of common missions.
- Establish a community health plan that addresses prioritized health issues through the integration of existing programs and development of new programs. As part of this process, conduct an inventory of programs currently addressing the selected health status priorities.
- Maintain the Detroit Health Department *Data Book* and City of Detroit *Partnership* report.
- Improve strategies, such as meeting with area hospital discharge planners, to identify and enroll high-risk pregnant women in case management programs.
- Send lead screening information to families of Medicaid eligible children 0-6 years of age via U.S. mail. In addition, continue to collaborate with other departments that perform inspection of residential premises and offer lead removal assistance.
- Implement and evaluate the *Empowerment Project*, designed to improve the diabetes care provided to persons served by the Detroit Health Department’s three primary care network centers.
- Improve opportunities for various cancer screenings and perform follow-up activities.

Dickinson-Iron District Health Department



**2000 Population Count for
Dickinson & Iron Counties: 40,610**

**FY 2000 MDCH Funds Appropriated
\$25,000 per District**

For more information, contact:

Barbara Serena, Health Officer

**Dickinson-Iron District Health Dept.
601 Washington Avenue
Iron River, Michigan 49935
Phone: (906) 265-9913**

Project Name: Dickinson-Iron District Board of Health and the Dickinson & Iron Multi-Purpose Collaborative Boards (MPCBs)

Project Description

In 1998, the MPCBs, assisted by the health department and intermediate school district, initiated a full-scale community needs assessment. This represented an initial attempt to combine a variety of agency reporting and surveying needs into one community health survey. Nearly 850 surveys were collected from the community. The Dickinson County Area Community Foundation compiled the survey results and presented the findings.

Also in 1998, the Dickinson-Iron Healthy Youth Coalition, with leadership from the Dickinson-Iron District Health Department (DIDHD) and the support of the MPCBs, initiated the Search Institute developmental asset survey of youth in grades 6-12 for all local school districts. Survey results formed the basis for the communities' healthy youth initiative.

In 1999, DIDHD introduced a procedural mechanism that allows recommendations from DIDHD to be made to the Collaborative Board. This procedure offers a process for other health providers to contribute topics to the board and presents a format for publicizing critical health indicators to the public. From this process, DIDHD will generate report cards of the collective community's health status and post them on the web for public review. These report cards will also serve as the basis for the Health Subcommittee's recommendations for addressing health issues. These recommendations will flow to the Collaborative Board.

Community Priorities

- | | | |
|-------------------------------------|----------------------------|---------------------|
| * Cancer | * Head Lice | * Teen Pregnancy |
| * Cardiovascular Disease and Stroke | * Hepatitis B Immunization | * Tobacco Reduction |
| * Early Child Health Improvement | * Safe Drinking Water | |

Community Strategies

- Promote the early identification/prevention of breast and cervical ***cancer*** through low-cost screening, community education and special events.
- Reduce morbidity and mortality from ***cardiovascular disease and stroke*** through primary prevention programs such as the Worksite Community Health Promotion program and the Wellness Council of the Upper Peninsula.

Spotlight

Teen Pregnancy/Teen Health Issues

The MPCBs' youth health assessment plan has evolved into a systematic way to improve assets. All grant writing, curriculum enhancements and other program development have been linked to the *Search Institute's 40 Developmental Assets*.

In an effort to identify the elements of a strength-based approach to healthy development, Search Institute developed the framework of developmental assets. This framework identifies 40 critical factors for young people's growth and development. On one level, the 40 developmental assets represent everyday wisdom about positive experiences and characteristics for young people. In addition, Search Institute research has found that these assets are powerful influences on adolescent behavior—both protecting young people from many different problem behaviors and promoting positive attitudes and decisions.

Outcome Measurement

<u>Teen Pregnancy</u>	<u>1990-92</u>	<u>1997-99</u>
Rate per 1,000 females, age 15-19	55.7	49.5

Source: DVRHS, MDCH.

Community Strategies continued.

- Continue to implement the in-school *Hepatitis B Immunization Program*.
- Promote the early identification and secondary prevention of child abuse and neglect and seek improvements in child health care services in the areas of communicable disease and developmental delays.
- Promote *safe drinking water* standards and protection by monitoring water quality and conducting follow-ups for all unsafe water sample results.
- Reduce the incidence of *teen pregnancy* by promoting an asset-building model that targets teens and includes a community abstinence campaign.
- Reduce the use of *tobacco* products by implementing community awareness campaigns and promoting the adoption of clean indoor air policies.

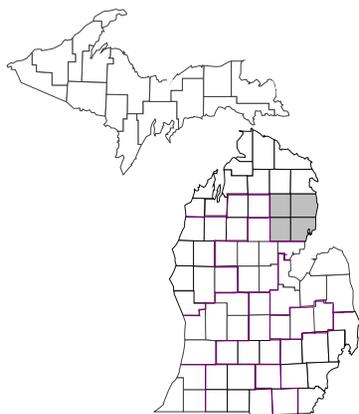
Highlights of Accomplishments in FY 2000

- Formed and initiated *Dickinson-Iron Child Death Review Team* to review childhood deaths.
- Completed an assessment of resources and programs available in Dickinson and Iron counties for families with children 0-5 years of age.
- Compiled and published a *Community Resource Center Directory*.
- Worked in collaboration with the Western UP Substance Abuse Services Coordinating Agency and the Dickinson-Iron Counties Tobacco Free Community Coalition to complete community tobacco compliance checks on over 50 tobacco retailers.
- Worked collaboratively with the Dickinson-Iron Healthy Youth Coalition and the Iron County Gang Violence Task Force to inform the community about asset building as a strategy for reducing the incidence of teen pregnancy, teen substance abuse and gang violence.

Highlights of Future Opportunities in FY 2001

- Continue participation in the Dickinson and Iron Counties' MPCBs in order to encourage the consideration of data in the health issue decision-making processes and advocate for the development of action plans.
- Develop a set of report cards for 20 Dickinson-Iron critical health indicators. These report cards will establish base line data and set local goals based on Healthy People 2010 objectives.

District Health Department #2



**2000 Population Count for
Alcona, Iosco, Ogemaw, & Oscoda
Counties: 70,121**

**FY 2000 MDCH Funds Appropriated
\$50,000 per District**

For more information, contact:

Dianna Schafer, Health Officer
or
Lynn Benjamin, Program Coordinator

**District Health Department #2
630 Progress Street
West Branch, Michigan 48661
Phone: (989) 345-5020**

Project Name: Community Health Improvement Partnership

Project Description

The *Community Health Improvement Partnership* (CHIP) brings together many local organizations to assess and improve the health of residents in Alcona, Iosco, Ogemaw, and Oscoda counties. This effort is part of a national and state movement to address significant health issues through coordinated information sharing, and ongoing planning and implementation activities. CHIP is important because it offers committed local organizations and residents the opportunity to sit down together, review information about the health of the region, make plans to address the most pressing problems, and work to address those problems. Everyone has a voice and everyone learns from the perspectives of others sitting around the table. New ideas and ways of coordinating current efforts are exchanged. Organizations, laboring too often in isolation, feel a part of a shared vision. Through priority setting and the sharing of resources, the community can get their arms around problems they once felt could not be confronted in a meaningful way. CHIP means that small organizations can make a big difference.

Community Priorities

- * Alcohol
- * Asset Mapping
- * Character Education
- * Service Coordination
- * Teen Pregnancy
- * Tobacco

Community Strategies

- Support peer training, peer-to-peer programs, and an all-student coalition to reduce underage drinking of *alcohol*.
- Train and work with high school students to develop an *asset map* geared toward adolescents.
- Facilitate *character education* training to teachers, non-school professionals and volunteers who have regular contact with youth in youth-serving organizations.
- Enhance *service coordination* in the schools, such as one-stop shopping for health-related services, so that necessary health services and education are delivered without duplication or gaps.
- Promote an abstinence-based curriculum in area schools to reduce *teen pregnancy*.
- Sustain a variety of approaches, such as peer training and peer-to-peer programs, centered on reducing *tobacco* use among adolescents.

Spotlight
Abstinence Education

The primary purpose of the Teen Pregnancy Subcommittee is to oversee and provide guidance to the staff that facilitate abstinence education in 11 area schools. The program also uses teen leaders that provide preteens with positive role models to look up to and who can relate to the pressures preteens face. This program has become very important to everyone involved, in that it teaches students about negative peer pressure and then provides them with the skills to resist such pressure. It also addresses the importance of making healthy and positive decisions.

Since the beginning of the 2000 school year, the *Taking Charge* program has reached over 960 students and 60 parents with the abstinence message. The program is currently in its third year of funding from the Michigan Abstinence Partnership, and will be focusing on updating its current work plan to obtain continued funding for next year's abstinence activities.

Outcome Measurement

<u>Teen Pregnancy</u>	<u>1992</u>	<u>1999</u>
Rate per 1,000 females, ages 15-19	77.5	61.7

Source: DVRHS, MDCH.

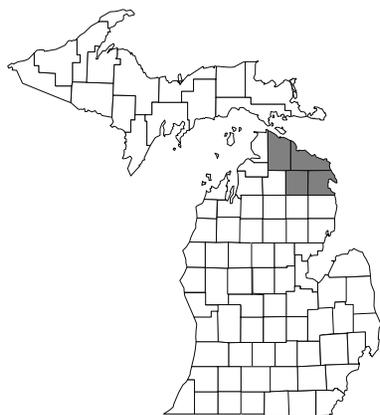
Highlights of Accomplishments in FY 2000

- Broadened membership in CHIP to include schools and other youth-serving organizations.
- Approved a new CHIP mission statement that focuses on children and adolescents.
- Completed an inventory of CHIP member initiatives that includes a description of the program, its time and location, and the age of its target group.
- Developed a new asset-based community health plan.
- Obtained commitments from member organizations to work on the implementation of strategies.
- Published and distributed 500 copies of a quarterly newsletter that details CHIP efforts; offers important information on health risk behaviors, especially among adolescents; and describes the work of partner organizations.
- Formed CHIP subcommittees to implement strategies for each new goal. In addition, continued committee work on implementation of past priority area strategies.
- Held an asset-mapping workshop for CHIP members and other interested community members.
- Submitted and received a grant from the Michigan Department of Community Health for a school nurse and health educator position to carry out CHIP strategies.

Highlights of Future Opportunities in FY 2001

- Expand character education training beyond the schools to 12 youth-serving organizations. As part of this effort, CHIP will host a character education training that will be conducted by MSU Extension for youth-serving community groups and interested area schools.
- Inventory youth-serving organizations in the region using the *Community Asset Development for Youth (CADY) Survey* and, in one pilot site, map the community's assets. As part of the pilot project, youth will survey people at congregations, service clubs, senior centers and other organizations. Also, a mail-in survey will be inserted into local newspapers and used to capture information on community assets.
- Offer each school in the region a comprehensive menu of health education programs that address tobacco, teen pregnancy, alcohol, and other adolescent risk factors.
- Develop a community report on CHIP health priorities that include health-related data for specific adolescent health outcomes. The report will provide rates for smoking, drinking, drinking while driving, and teen pregnancy, as well as measurements of attitudes toward smoking and drinking.

District Health Department #4



**2000 Population Count for
Alpena, Cheboygan, Montmorency,
& Presque Isle Counties: 82,488**

**FY 2000 MDCH Funds Appropriated
\$50,852 per District**

For more information, contact:

Jay Heilman, Provisional Health Officer
or
Krysti Bland, Program Coordinator

**District Health Department #4
100 Woods Circle Dr.
Alpena, Michigan 49707
Phone: (989) 356-4507**

Project Name: Sunrise Side Healthier Communities Project

Project Description

The *Sunrise Side Healthier Communities Project (SSHCP)* is a network of community committees commissioned to develop a community health plan for each of the four counties in the health jurisdiction. Each community health plan consists of the community's priorities, goals, objectives, strategies and action steps. The health department provides staff to oversee and coordinate the project. Each committee is an independent group comprised of concerned citizens and representatives from various community agencies. Health department staff routinely updates key community organizations, such as the multi-purpose collaborative bodies, on the committees' efforts and progress.

Community Priorities

- | | | |
|-------------------------|----------------------|---------------------------|
| * Community Resources | * Mental Health | * Substance Abuse |
| * Family Empowerment | * Senior Issues | * Wellness and Prevention |
| * Healthy Child Rearing | * Sense of Community | * Youth Education |

Community Strategies

- Raise awareness of health-related *community resources* available to Presque Isle County residents.
- Support community partnerships throughout Cheboygan County that facilitate *family empowerment* by assisting families to develop, grow, and mature in healthy and safe ways.
- Develop a community model to promote *healthy child rearing*, so that Alpena County becomes known as a place where children are highly valued.
- Ensure residents of Cheboygan County access to various *mental health* services.
- Promote *senior issues*, such as the importance of maintaining good health and independent personal functioning, to Presque Isle County residents.
- Strengthen the *sense of community* among all residents of Alpena County.
- Reduce *substance abuse* by supporting healthy individual and community choices.
- Enhance community *wellness and prevention* education programs for all ages in Cheboygan County.
- Promote *youth education* through recreational activities that contain "prevention" messages and involve youth in the decision-making and planning processes of Montmorency County.

Spotlight
Healthy Child Rearing

Youth struggle with the daily onslaught of negative peer pressure, educational failure, and the availability of alcohol and other drugs. The *Sunrise Project* in Alpena County is developing effective strategies to counter and even reverse these negative influences. From hosting a *Mentoring Night* program to facilitating a *Groundhog Job Shadow Day*, community agency representatives and concerned citizens have recruited quality mentors to reach area youth with positive reinforcement and solid role models.

According to the *California Mentor Initiative*, studies confirm the positive impact a caring adult can have in a young person's life. *Big Brothers/Big Sisters* research shows a 46 percent reduction in the initiation of drug use for young people participating in their program. The committee hopes for similar results from this countywide effort for Alpena County's youth.

Outcome Measurement

<u>Current Drinkers</u>	<u>1997</u>	<u>1999</u>
% of 9 th - 12 th	51%	49%
graders in Michigan		

Source: CPH, MDCH.

Highlights of Accomplishments in FY 2000

- Hosted a *Mentoring Night* to increase awareness of Alpena County's mentoring programs.
- Coordinated *Groundhog Job Shadow Day* with Alpena County's alternative education classes.
- Developed and distributed an *Alpena Summer Youth Activities Directory* to all elementary students.
- Provided support and coordination with several community groups to develop the Alpena County Substance Abuse Prevention Coalition. The coalition was formed as a result of the core committee's coalition-building workshops.
- Worked collaboratively with Northern Michigan Hospital to expand to ten area schools the *Healthy Hearts* program, a cardiovascular prevention program for elementary students.
- Developed the Cheboygan County Asset Team, in conjunction with MSU Extension, Northern Michigan Community Mental Health, and the SSHCP committee. A countywide open house was held to introduce youth developmental asset concepts to the community.
- Planned "Winterfest 2000," a joint effort of local youth and the Montmorency County AAHP committee. An after-school dance took place at two local public schools.
- Sponsored the second annual, youth initiated and organized, community dance "Spring Fling" at all three Montmorency school districts.
- Partnered with local FIA Office and applied for a Project Zero grant to create a mentoring program.

Highlights of Future Opportunities in FY 2001

- Form a membership workgroup in each county in order to build membership in the *Sunrise Side Healthier Communities Project*. Activities will include developing a membership form and written criteria for membership, as well as an orientation packet for new members. The new membership workgroup will also develop a marketing plan to actively increase community participation. As part of the marketing plan, the workgroup will sponsor open forums as a means for sharing and distributing project information and materials.
- Establish a district task force to develop and distribute a report card for each of the county's priority areas. In 2001, the task force will create a report card for Alpena and Montmorency counties that provides a snapshot of adolescent health outcomes and promotes existing, as well as potential youth-related assets. The task force will also create a report card for Cheboygan and Presque Isle counties that highlights specific heart health outcomes.

**District Health Department #10
(Crawford)**



**2000 Population Count for
Crawford County: 14,273**

**FY 2000 MDCH Funds Appropriated
\$132,324 per District**

For more information, contact:

B. Michael Skoog, Health Officer
or
Sharon Boczkaja, Program Coordinator

**District Health Department #10
401 Lake Street
Cadillac, Michigan 49601
Phone: (231) 775-9942**

Project Name: Crawford County Community Health Assessment and Improvement Project

Project Description

The *Community Health Assessment and Improvement (CHAI) Project* operates under the guidance of the Crawford County Multi-Purpose Collaborative Body (MPCB). The health department provides leadership to the project by facilitating workgroups to address health issues and reporting to the full MPCB committee on progress made. The project continues to scan for new opportunities to improve the quality of life for Crawford County residents, such as the recent dental care access project. As part of this effort, the project has linked with a regional community health assessment and improvement initiative involving 21 northern Lower Peninsula counties.

Community Priorities

- * Access to Dental Care
- * Quality of Life
- * Smoking Cessation

Community Strategies

- Collaborate on a regional basis to improve *access to dental care* for at-risk populations through the *Dental Clinics North* program, and raise awareness of the availability of dental care services to local residents.
- Develop an ongoing community health assessment and improvement process and make it an integral part of the local multi-purpose collaborative body's efforts to improve the overall *quality of life* for Crawford County residents.
- Promote and support local "Stop Smoking" clinics that offer individualized, proven programs that encourage *smoking cessation*.

Spotlight

Rural Health Initiative Grant

As part of an ongoing community health assessment and improvement effort, the Crawford County Transportation Authority, in partnership with the Multi-Purpose Collaborative Body, successfully secured more than \$93,000 from the MDCH Rural Health Initiative (RHI) funds for non-emergency transportation services. RHI grants were made available to rural communities as a result of the state's recognition of the special health care needs faced by rural residents.

The local transportation authority will administer the non-emergency medical transportation service with support from a local advisory committee. It is anticipated that 8,000 passenger trips, will be provided annually to health care facilities in six northern Michigan counties, including Crawford County. In addition to state funds, a local match was raised from the public and private sectors to support the transportation services.

Outcome Measurement

Non-emergency <u>Transportation</u>	<u>1999</u>	<u>2001 Target</u>
# of clients served	2,182	8,000

Source: 1999 Client Service Log, DHD#10.

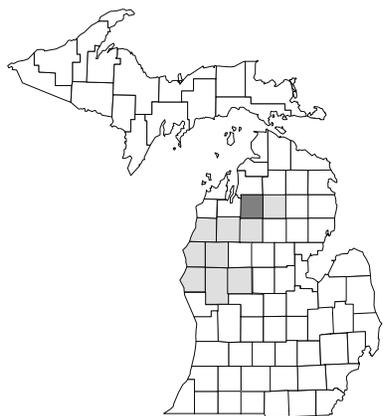
Highlights of Accomplishments in FY 2000

- Developed and presented to the Board of Health, Board of Commissions, and the multi-purpose collaborative body (MPCB) a presentation on the *Dental Clinics North* program, a program designed to improve access to dental care for local Medicaid residents. As a result, approximately \$12,700 was secured in local matching funds. The program assures access to dental services for more than 700 Medicaid clients.
- In a collaborative effort, community partners applied for and received a MDCH Rural Health Initiative grant for more than \$93,000 to improve rural non-emergency transportation.
- Partnered to update the five-county (including Crawford County) northwest regional community health statistics web site with data for the leading health related indicators.
- Created and distributed a user-friendly community report that compares Crawford County, in addition to the other nine counties in the jurisdiction, with the State of Michigan, utilizing the 26 indicators listed in the *Michigan Department of Community Health's Critical Health Indicators Report*.
- Updated, and distributed to the community, the annual *District Health Department #10 Statistics* report that uses a set of health indices to measure the health status of the county, including: population change, live births to teens, leading causes of death and years of potential life lost.

Highlights of Future Opportunities in FY 2001

- Strengthen the ongoing community health assessment and improvement project by redefining community health priorities in partnership with the MPCB, and by identifying and recruiting new members to participate in workgroups that address identified health issues.
- Continue to update and enhance health assessment information made available to community members through the regional web site, annual health statistics report, critical health indicators profile, and behavioral risk factors survey.
- Collaborate with the 21-County Northern Lower Peninsula consortium to conduct and analyze an adult behavioral risk factor survey. The survey questionnaire will contain questions that range from health utilization to health risk behaviors. Information collected will be shared with the MPCB and other community groups who will use it to identify and address health issues of concern, as well as to measure the success of community initiatives. The survey data will also be made available via the Internet, thus assuring wide access to and distribution of the information.

**District Health Department #10
(Kalkaska)**



**2000 Population Count for
Kalkaska County: 16,571**

FY 2000 MDCH Funds Appropriated

\$132,324 per District

For more information, contact:

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Sharon Boczkaja, Program Coordinator

**District Health Department #10
401 Lake Street
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Phone: (231) 775-9942**

Project Name: Kalkaska County Community Health Assessment and Improvement

Project Description

The *Kalkaska County Community Health Assessment and Improvement (CHAI)* initiative is an active workgroup of the Multi-Purpose Collaborative Body (MPCB) charged with identifying health issues and developing strategies to address them. The CHAI workgroup reports to the MPCB monthly on progress being made to improve the quality of life of Kalkaska County residents. The workgroup is comprised of members from the Youth Self-Esteem and Chronic Disease Management task forces. The health department staffs the initiative and chairs each task force.

Community Priorities

- * Chronic Disease Management
- * Dental Care Access
- * Youth Self-Esteem

Community Strategies

- Reduce human suffering and the economic burden caused from chronic health related conditions by raising community awareness of the important benefits accrued from *chronic disease management*.
- Collaborate on a regional basis to improve *dental care access* for the Medicaid population through the *Dental Clinics North* program and raise community awareness of the availability of dental care services to local residents.
- Increase *youth self-esteem* in the community by promoting and supporting the *America's Promise* initiative, "Nurturing a Healthy Future."

Spotlight
Building Youth Self-Esteem

In an effort to reduce risky behaviors, such as alcohol use, and negative health outcomes, such as teen pregnancy, a community partnership was formed to assess local youth assets and develop strategies that increase asset availability. The partnership developed a two-pronged approach: 1) conduct the Search Institute Survey to assess, and 2) develop an *America's Promise* initiative.

The framework for the survey assessed eight developmental areas, including: relationships and support, positive values, and structured activities. Survey results are used to gauge to what extent youth are experiencing and have access to developmental assets. The *America's Promise* initiative was created in the county as a grassroots effort dedicated to providing young people and their families with messages of positive reinforcement and resources to improve their lives.

Outcome Measurement

<u>Teen Pregnancy</u>	<u>1992</u>	<u>1999</u>
Rate per 1,000 females, ages 15-19	123.6	96.0

Source: DVRHS, MDCH.

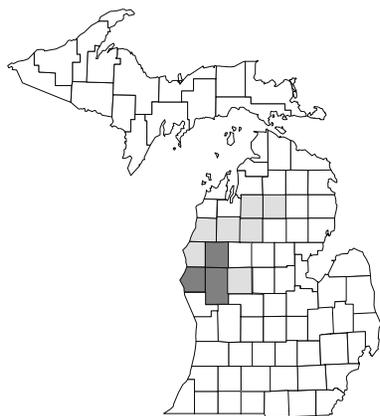
Highlights of Accomplishments in FY 2000

- In collaboration with Michigan State University, the Youth Self-Esteem Task Force formed a subcommittee to analyze results from the Search Institute Survey of area adolescents' attitudes, beliefs and support mechanisms. These results will be used within the county to support and enhance the *America's Promise* component "Nurturing a Healthy Family."
- The Chronic Disease Management Task Force organized and participated in a community health fair to raise awareness of chronic disease management techniques and approaches.
- Revised the community health assessment and improvement mission and vision statements so that they are in line with the multi-purpose collaborative body's mission.
- Supported the *Tooth Fairy Project*, as implemented by the Kalkaska Area Youth Administrative Council, to help raise the local match needed for the *Dental Clinics North* program.
- Created and distributed a user-friendly community report that compares Kalkaska County with the State of Michigan, utilizing the 26 indicators listed in the *Michigan Department of Community Health's Critical Health Indicators Report*.
- Updated, and distributed to the community, the annual *District Health Department #10 Statistics* report that uses a set of health indices to measure the health status of the county, including: population change, live births to teens, leading causes of death and years of potential life lost.

Highlights of Future Opportunities in FY 2001

- Create a surveillance plan to re-administer the Search Institute Survey and, based on analyzed survey results, modify current programs, design new initiatives, and educate the community about area youth concerns.
- Provide senior health screenings at local senior citizen breakfasts, and the *Kalisium and Trout Festival* events.
- Continue to update and enhance health assessment information made available to community members through the regional web site, annual health statistics report, and critical health indicators profile.
- Collaborate with the 21-County Northern Lower Peninsula consortium to conduct and analyze an adult behavioral risk factor survey. The survey questionnaire will contain questions about health utilization and health risk behaviors. Information collected will be shared with the MPCB and other community groups who will use it to identify and address health issues of concern, as well as to measure the success of community initiatives. The survey data will also be made available via the Internet, thus assuring wide access to and distribution of the information.

**District Health Department #10
(Lake, Newaygo, and Oceana)**



**2000 Population Count for Lake,
Newaygo & Oceana Counties: 86,080**

**FY 2000 MDCH Funds Appropriated
\$132,324 per District**

For more information, contact:

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**District Health Department #10
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Project Name: Partners for Community Health Planning

Project Description

The *Partners for Community Health Planning* (PCHP) is a three-county collaborative between residents of Lake, Newaygo, and Oceana counties. The partnership was initially formed in 1994 as part of a W.K. Kellogg Foundation funded *Rural Health Project*. Unlike most community health assessment and improvement initiatives around the state, the PCHP is a grassroots effort not affiliated with any formal organization, such as the multi-purpose collaborative body. The health department provides staff to facilitate the community workgroups as they address priority health issues. The health issues were identified using a nominal group technique during a gathering of concerned community members in 1996 and 1999.

Community Priorities

- * Heart Disease
- * Kidney Disease
- * Substance Abuse

Community Strategies

- Increase community awareness of health risk behaviors, such as tobacco use, and begin to reduce risk factors associated with *heart disease*. As part of this strategy, the community will develop an intensive education plan that includes hosting a women's health fair and confronting tobacco-related issues, when possible.
- Reduce the unnecessary human suffering and economic burden from *kidney disease* by building support for a dialysis clinic in the region.
- Strengthen the community infrastructure by investing in transitional housing for men and women with *substance abuse* problems.

Spotlight
Transitional Housing

The Substance Abuse Committee has worked diligently to address substance abuse issues in Lake, Newaygo, and Oceana counties. Members have worked on several fronts to address substance abuse in the tri-county region, including: the development of a comprehensive resource directory; and the formation of an alcohol education awareness program that targets adults. The committee also recognized that the physical environment of an individual is an important determinant of their health.

For this reason, the committee has embarked on a challenging commitment to establish two transitional houses that will provide an alternative living environment for both men and women attempting to be alcohol free.

Outcome Measurement

Number of Treatment <u>Admissions for Alcohol</u>	<u>1995</u>	<u>1998</u>
Lake County	102	83
Newaygo County	439	381
Oceana County	135	71

Source: MHSAS, MDCH.

Highlights of Accomplishments in FY 2000

- Distributed the second *Report to the Community* that compares county-level health statistics to the State of Michigan and Healthy People 2010 goals. Health statistics available in the report include: demographics, births, mortality, years of potential life lost, chronic diseases, maternal and child health, preventable hospitalizations, immunization rates, and preventive screening services.
- Updated, and distributed to the community, the annual *District Health Department #10 Statistics* report that uses a set of health indices to measure the health status of the county, including: population change, live births to teens, leading causes of death and years of potential life lost.
- Worked to develop interest and support among community agencies, providers, and concerned citizens for a regional kidney dialysis clinic and substance- abuse-free transitional housing program.
- Developed a community action plan for abstinence education. The action plan has been submitted to potential funders for consideration.
- Collaborated with the Fremont Public Schools and hosted a women’s health fair.
- Formed a collaborative effort with the Tobacco Reduction Coalition in Newaygo County to reduce tobacco use among local teens.
- Initiated efforts with various agencies in Mason County to network programs that address mutual health concerns when those services cross county lines.

Highlights of Future Opportunities in FY 2001

- Conduct an assessment to gauge community and provider interest in establishing a kidney dialysis clinic within the local health jurisdiction. The assessment will identify potential barriers and the resources needed to establish a clinic.
- As part of the Healthy Heart Committee’s efforts, work with providers throughout the county to assure that portable blood pressure cuffs are properly calibrated. Efforts will also include a media campaign and trainings for area providers on proper blood pressure measuring techniques.
- Promote proper nutrition to Lake County residents by developing and promoting a *5 A-Day Nutritional* program.
- Form a tri-county coalition to reduce underage drinking. Coalition will assess the scope of the problem, utilizing a youth substance abuse survey. Based upon these survey results, develop and distribute a parent guide on underage drinking, and sponsor prevention messages in area sports programs. Also, host teen dances that provide a safe outlet for teens; and create a drunk driving simulator program for area schools.
- Work with community agencies, including the counties’ housing councils, to identify the need for a transitional housing program that will provide shelter for residents attempting to be alcohol free.

**District Health Department #10
(Manistee)**



**2000 Population Count for
Manistee County: 24,527**

FY 2000 MDCH Funds Appropriated

\$132,324 per District

For more information, contact:

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401 Lake Street
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Project Name: Manistee County Community Health Assessment and Improvement Project

Project Description

The *Manistee County Community Health Assessment and Improvement Project* is a task force of the Manistee Human Services Collaborative Body (HSCB). The task force reports monthly to the collaborative body on its activities. The task force meets on a monthly basis and addresses health issues identified by the full committee of the HSCB. The health department staff chairs and facilitates task force meetings. The Manistee health improvement initiative is also part of the 21 county regional community health assessment and improvement effort, which conducted a 21-county behavioral risk factor survey in 1999.

Community Priorities

- * Cancer
- * Dental Care Access
- * Heart Disease

Community Strategies

- Reduce the risk of *heart disease* and *cancer* by providing educational opportunities on new treatment guidelines for county health care providers; and by raising public awareness on the importance of health screenings and risk reduction efforts.
- Increase *dental care access* by supporting a regional effort to develop in-county dental services for Medicaid and underserved populations.

Spotlight
Dental Clinic

Lack of dental care access was identified by many of the northern Michigan community health assessment and improvement efforts. *Dental Clinics North*, a partnership of six local health departments in northern Michigan, was established to stabilize and expand dental services for children and adults with Medicaid, Healthy Kids, and MICHild coverage.

This partnership has worked diligently to secure state grant funding to expand services to Manistee, Cadillac, Alpena, and West Branch over the next year. The partners include District Health Department No. 2, District Health Department No. 4, District Health Department No. 10, Grand Traverse County Health Department, Benzie-Leelanau District Health Department, and the Northwest Michigan Community Health Agency. Local matching funds were awarded to the dental program from the local Revenue Sharing Board and the Family Independence Agency.

Outcome Measurement

Medicaid Beneficiaries
in the Region Receiving

<u>Dental Services</u>	<u>1999</u>	<u>2000</u>
# accessing services	5,692	9,805

Source: Fiscal Report, Dental Clinics North.

Highlights of Accomplishments in FY 2000

- Secured local funding from the Revenue Sharing Board and Family Independence Agency for the *Dental Clinic North* program to help defray cost for Manistee County residents.
- Opened a *Dental Clinic North* office in the City of Manistee on October 1, 2000.
- Initiated a community prioritization process to re-establish health priorities. The process analyzed the local strengths, weaknesses, opportunities, and threats (SWOT) of each health issues identified.
- Distributed the second *Report to the Community* that compares county-level health statistics to the State of Michigan and Healthy People 2010 goals. Health statistics available in the report include: demographics, births, mortality, years of potential life lost, chronic diseases, maternal and child health, preventable hospitalizations, immunization rates, and preventive screening services.
- Updated, and distributed to the community, the annual *District Health Department #10 Statistics* report that uses a set of health indices to measure the health status of the county, including: population change, live births to teens, leading causes of death and years of potential life lost.
- Coordinated the efforts of the Heart and Cancer Workgroup and CHAI Task Force to provide in-services on maintaining blood pressure equipment and understanding new blood pressure treatment guidelines for area providers. Also worked with the area hospital to provide free cholesterol screenings to community residents.
- Purchased and distributed reminder stamps to area physicians that encourage them to talk to their patients regarding cigarette smoking related problems and available cessation programs.

Highlights of Future Opportunities in FY 2001

- Continue to provide financial and community support for the *Dental Clinic North* program, both in Manistee County and regionally. Work with regional partners to evaluate the impact of the dental program on underserved populations’ oral health needs and their access to services.
- Continue to work with the Community Health Assessment and Improvement Task Force to conduct a SWOT analysis of health concerns and issues as part of the re-prioritization process.
- Present results from the SWOT analysis to the Manistee County Human Services Collaborative Body (HSCB). As part of the re-prioritization process, gather input from HSCB members on community health concerns and issues.
- Determine new community priorities or re-establish past priorities based on community input and analysis. Upon the identification of priorities, establish community workgroups that will develop work plans to address priorities.

**District Health Department #10
(Mason)**



**2000 Population Count for
Mason County: 28,274**

**FY 2000 MDCH Funds Appropriated
\$132,324 per District**

For more information, contact:

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Phone: (231) 775-9942**

Project Name: Mason County Community Health Assessment and Improvement Project

Project Description

The *Mason County Community Health Assessment and Improvement Project* is a collaborative effort of local agencies, designed to raise awareness of the community's health status and improve health outcomes. The project provides an opportunity for community partners to assess the community's health status and needs, identify issues to address, adopt strategies, implement action, and monitor results. The health department and Memorial Medical Center have worked in partnership over the past few years to facilitate project meetings and initiative improvement efforts. Health department staff primarily provides technical support for the collaborative's efforts.

Community Priorities

- * Access to Care
- * Cardiovascular Disease
- * Mammography
- * Substance Abuse

Community Strategies

- Monitor *access to care* needs and barriers, including the need for *mammography* screening, by conducting a behavioral risk factor telephone survey of county residents.
- Raise the awareness of *cardiovascular disease* by offering cholesterol screenings jointly sponsored by Memorial Medical Center and the health department.
- Reduce *substance abuse* among county residents, by supporting the Ludington treatment center, and in doing so, assure that needed services are provided.

Spotlight

Behavioral Risk Factor Survey

The Behavioral Risk Factor Survey was a collaborative effort by Memorial Medical Center, District Health Department #10, and other community partners, to gain insight into health behaviors, social attitudes and barriers. The survey has helped to identify health priorities, such as substance abuse, and to access the overall health status of Mason County. The first survey was completed in 1994; a second iteration was completed and distributed in 2000.

The findings from the 2000 survey will again provide insight into what groups are at greatest risk so that the hospital, health department, and other agencies can collaboratively develop and implement plans to address health priorities and evaluate their outcomes.

Outcome Measurement

Chronic or <u>Heavy Drinking</u>	<u>1994</u>	<u>2000</u>
% of adults	4.8%	5.9%

Source: 2000 BRFS, Memorial Medical Center.

Highlights of Accomplishments in FY 2000

- Collaborated with Memorial Medical Center to conduct a Behavioral Risk Factor Survey of adults measuring factors such as drinking, access to care, mammography, smoking, and dental care. The West Shore Community College conducted the random telephone survey of adults. Findings from the survey were published and distributed to community agencies and concerned citizens.
- Partnered with Memorial Medical Center to host cholesterol screenings. Approximately 50 individuals were screened and provided risk reduction counseling and information.
- Distributed the second *Report to the Community* that compares county-level health statistics to the State of Michigan and Healthy People 2010 goals. Health statistics available in the report include: demographics, births, mortality, years of potential life lost, chronic diseases, maternal and child health, preventable hospitalizations, immunization rates, and preventive screening services.
- Updated, and distributed to the community, the annual *District Health Department #10 Statistics* report that uses a set of health indices to measure the health status of the county, including: population change, live births to teens, leading causes of death and years of potential life lost.

Highlights of Future Opportunities in FY 2001

- Utilize community health status reports and results from the *2000 BRFS* to increase community awareness of health issues and motivate residents to actively participate in the health assessment and improvement project.
- Formalize a process to create community committees that will identify, prioritize, analyze, and address priority health issues.
- Assess alcohol and other drug use among area teens through a youth substance abuse risk survey.
- Form a tri-county coalition of youth and adults from Mason, Lake and Oceana counties to address underage drinking. In addition, host teen dances that provide a safe outlet for area youth; and develop a drunk driving simulator program for area schools.
- Distribute an educational guide for parents on underage drinking that includes safety tips.
- Work with community partners to establish a transitional house for men and women attempting to be alcohol free. As part of this effort, administer a transitional housing survey to better understand the population's needs, identify risks and uncover barriers.
- Create formal linkages with the county housing authority to support the transitional housing program and to establish a referral network with the *Detox Center* in Mason County.

**District Health Department #10
(Mecosta)**



**2000 Population Count for
Mecosta County: 40,553**

**FY 2000 MDCH Funds Appropriated
\$132,324 per District**

For more information, contact:

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401 Lake Street
Cadillac, Michigan 49601
Phone: (231) 775-9942**

Project Name: Mecosta County Community Health Assessment & Improvement Task Force

Project Description

The *Mecosta County Community Health Assessment and Improvement (CHAI) Task Force* is a work group of Mecosta County Human Services Coordinating Body (HSCB). Health department staff chair and facilitate the CHAI Task Force meetings. The task force works with the HSCB committee to identify and examine health care needs and problems, develop community action plans to remedy local health problems, and evaluate and report on the effectiveness of the community health plan. Quarterly progress reports on task force efforts are routinely provided to the HSCB committee.

Community Priorities

- * Access to Health Care
- * Healthy Kids and Healthy Families
- * Substance Abuse

Community Strategies

- Improve ***access to health care*** by advocating for Medicaid beneficiaries and supporting efforts to increase non-emergency transportation and oral health services.
- Maintain “A County Resource Book – Children and Families” that identifies and promotes community resources focused on assuring ***healthy kids and healthy families***.
- Create opportunities for existing local groups addressing ***substance abuse*** in the community to network, build surveillance capacity, and collaborate on effective strategies and activities.

Spotlight
Access to Care Advocacy

Access to health care and health care insurance is an important component for keeping people healthy. The Mecosta County Community Health Assessment and Improvement Task Force has worked diligently to improve access to health care for area residents. The task force members have advocated on behalf of Medicaid beneficiaries with area legislators to simplify enrollment procedures. In addition, members have worked with Medicaid beneficiaries to help them better navigate the system.

Efforts to assure access to health care have gone beyond those that target Medicaid enrollees. Community members and health and human service agencies have worked to provide non-emergency transportation and preventative dental health services to underserved populations; and to assure that parents of children not eligible for Medicaid are informed about the MICHild program.

Outcome Measurement

<u>MICHild Enrollment</u>	<u>Jun. '00</u>	<u>Dec. '00</u>
# of children	52	78

Source: MSA, MDCH.

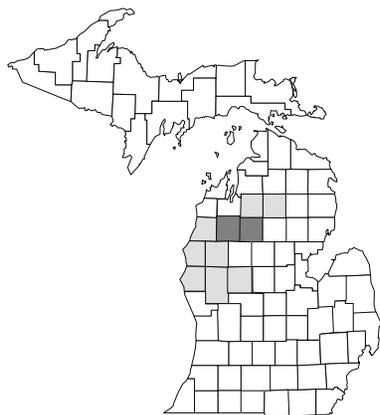
Highlights of Accomplishments in FY 2000

- Designed talking points fact sheet for clients, legislators, and health and human services providers on issues facing Medicaid beneficiaries.
- Held a series of breakfasts for local legislative representatives to advocate for health-related issues.
- Collaborated with the Commission on Aging to secure a \$40,000 MDCH Rural Health Initiative non-emergency medical transportation (NEMT) grant. NEMT program provides transportation for those in need of life-sustaining medical and rehabilitative treatments.
- Continued to collaborate with local dentists to develop a dental hygiene program that serves the needs of the community, including Ferris State University students.
- Received an *Innovation Grant* from local human services collaborative body for maintaining and enhancing the community health *Data Workbook*.
- Updated *Data Workbook* for children, entitled “A County Resource Book: Children and Families.”
- Worked to coordinate local substance abuse efforts in order to better assess issues and needs, implement effective strategies and eliminate duplication, when possible.
- Sent graduating high school seniors and their parents congratulation notes that contained reminders to celebrate safely and without alcohol.

Highlights of Future Opportunities in FY 2001

- Assess local oral health issues and develop prevention-oriented programs and informational packets.
- Continue to advocate and assess health issues related to the Medicaid program. In addition, identify local assets and resources currently available to Medicaid beneficiaries.
- Develop and distribute user-friendly information to Medicaid beneficiaries that will assist them in understanding the enrollment process, choosing a health plan, and advocating for oneself.
- Re-evaluate vision and mission statements and develop four to five outcome statements for each of the three community health assessment and improvement subcommittees. Incorporate Search Institute asset model into the community plan.
- Update the *Data Workbook*, a component of a local resource tool used by human service providers.
- Develop a community resource list for Family Independence Agency and health department clients that will assist them in identifying local food, clothing and housing programs.
- Assess alcohol and drug usage in Mecosta County and develop an issue paper that highlights findings.
- Survey parents of local students regarding their perception of alcohol, tobacco and other drug (ATOD) usage by adolescents.
- Update comprehensive county profile that includes statistics on the leading causes of death, cancer morbidity, health shortages, education, and behavioral risks.

**District Health Department #10
(Missaukee and Wexford)**



**2000 Population Count for Missaukee
& Wexford Counties: 44,962**

**FY 2000 MDCH Funds Appropriated
\$132,324 per District**

For more information, contact:

B. Michael Skoog, Health Officer
or
Sharon Boczkaja, Program Coordinator

**District Health Department #10
401 Lake Street
Cadillac, Michigan 49601
Phone: (231) 775-9942**

Project Name: Missaukee-Wexford Community Health Assessment and Improvement Task Force

Project Description

The *Missaukee-Wexford Community Health Assessment and Improvement (CHAI) Task Force* is an autonomous community effort addressing community identified health concerns. Task force members have sought to balance achievable short-term goals, while striving for long-term health improvement outcomes. The diversity of task force members provides for a broad range of backgrounds and skills that can be utilized to identify and develop effective strategies for improving community health outcomes. The task force coordinates its efforts with other community groups addressing health issues, such as the Multi-Purpose Collaborative Body (MPCB). Task force members routinely update MPCB members on efforts and concerns as identified by the CHAI initiative. The task force, however, is not a formal workgroup of the MPCB. The task force has also created synergy between its effort and a regional community health assessment and improvement effort in the northern 21-county region of the Lower Peninsula. The local health department provides staffing to facilitate and chair task force meetings.

Community Priorities

- * Access to Dental Care
- * Monitor Health Status

Community Strategies

- Provide leadership to create and support a regional dental clinic network that will increase *access to dental care* for Medicaid beneficiaries and low-income and underserved populations.
- Develop a set of reports containing basic health-related indicators that can be used to *monitor health status* and raise community awareness of health issues and problems.

Spotlight
Dental Clinic North

Lack of access to dental services was identified through many of the northern Michigan community health assessment and improvement efforts. *Dental Clinics North*, a partnership of six local health departments in northern Michigan, was established to stabilize and expand dental services for children and adults with Medicaid, Healthy Kids, and MICHild coverage.

This partnership has worked diligently to secure state grant funding to expand offices to Manistee, Cadillac, Alpena, and West Branch over the next year. The partners include District Health Department No. 2, District Health Department No. 4, District Health Department No. 10, Grand Traverse County Health Department, Benzie-Leelanau District Health Department, and Northwest Michigan Community Health Agency. A local match was awarded to the dental program to offset cost of serving Missaukee and Wexford County residents.

Outcome Measurement

Medicaid Beneficiaries In the Region Receiving <u>Dental Services</u>	<u>1998</u>	<u>Target</u>
% accessing services	26%	70%

Source: MSA, MDCH.

Highlights of Accomplishments in FY 2000

- Secured a local match of \$19,900 to establish *Dental Clinics North*, a program designed to improve access to dental care services for underserved populations.
- Participated in a 21-county regional behavioral risk factor survey (BRFS). The random telephone survey interviewed approximately 300 residents in both Missaukee and Wexford counties. The findings from the 2000 survey will provide insight into what groups are at greatest risk so that the community can prioritize, develop, and implement plans to address their health issues.
- Distributed the second *Report to the Community* that compares county-level health statistics to the State of Michigan and Healthy People 2010 goals. Health statistics available in the report include: demographics, births, mortality, years of potential life lost, chronic diseases, maternal and child health, preventable hospitalizations, immunization rates, and preventive screening services.
- Updated, and distributed to the community, the annual *District Health Department #10 Statistics* report that uses a set of health indices to measure the health status of the county, including: population change, live births to teens, leading causes of death and years of potential life lost.

Highlights of Future Opportunities in FY 2001

- Assist in developing the infrastructure for the *Dental Clinic North* office in the City of Cadillac, including raising community awareness of the need for the program and securing additional financial support.
- Work within the existing community assessment and improvement framework to enhance the community process for re-determining health priorities.
- Raise the community's awareness for its health priorities and overall health status by maintaining and distributing the BRFS results, *Report to the Community*, and the *District Health Department #10 Health Statistics Report*.

Genesee County Health Department



**2000 Population Count for
Genesee County: 436,141**

**FY 2000 MDCH Funds Appropriated
\$55,105**

For more information, contact:

Robert Pestronk, Health Officer
or
John McKellar, Development,
Planning and Grants Supervisor

**Genesee County Health Department
630 S. Saginaw Street
Flint, Michigan 48502-1540
Phone: (810) 257-3612**

Project Name: Greater Flint Health Coalition

Project Description

The community health assessment and improvement (CHAI) process in Genesee County continues to be a collaborative effort between the Genesee County Health Department (GCHD) and the Greater Flint Health Coalition (GFHC). The GFHC is both a community and institutional partnership. This multi-faceted collaboration has a 26-member board of directors that broadly reflects the community and include representatives from: government, healthcare providers, insurers, education, labor, business, community and faith-based organizations, and the GCHD. Their vision of the GFHC initiative in Genesee County is: *Better Quality, Better Health, Better Access, Optimal Cost*. The mission is: *Assess and improve the health status of our citizens. Improve the quality and cost effectiveness of the health care system in our community.*

The GCHD Health Officer is a charter member of the Board of Directors, and the Health Department staff members play an integral role in the committee structure of the GFHC. Standing committees include: Quality Committee, Cost & Resource Planning Committee, Access Committee, Health Improvement Committee, and Leadership & Membership Development Committee. Additionally, the GFHC has linkages with the following partner coalitions: Prevention Research Center, Programs to Reduce Infant Deaths Effectively (PRIDE), Smoke-free Multi-Agency Resource Team (SMART) and Racial and Ethnic Approaches to Community Health (REACH) 2010 Coalition.

Community Priorities

- * Access to Health Care
- * Communicable Diseases
- * Infant Mortality
- * Intentional and Unintentional Injury Deaths
- * Mortality due to Chronic Diseases

Community Strategies

- Improve *access to health care* by designing an affordable health insurance program.
- Reduce rates of *communicable diseases*, utilizing existing primary and secondary interventions: *Gonorrhea Reduction Initiative, Child Daycare Immunization Initiative, STD Partner Notification, and HIV Testing and Counseling.*

Spotlight
Infant Mortality

On October 3, 2000, the CDC announced that Genesee County was one of 24 applicants nation-wide awarded continuation funding (\$988,968) for the first year of Phase II's *Racial and Ethnic Approaches to Community Health (REACH) 2010 Initiative*. Phase II begins the four-year implementation of a *Community Action Plan (CAP)* to reduce racial disparities in infant mortality. Nearly \$4 million in total grant funding is anticipated over the next four-year period.

The CAP will continue a collaborative process that includes as partners: Genesee County Health Department, the University of Michigan, and several local community organizations. Funded activities will emphasize four specific areas: community dialogue and awareness; education and training; outreach and advocacy; and mentoring and support groups. Interventions will be culturally appropriate and focused in zip codes areas that contain the highest rates of infant deaths.

Outcome Measurement

<u>Infant Mortality</u>	<u>1990-92</u>	<u>1997-99</u>
Rate per 1,000 live births	11.4	12.3

Source: DVRHS, MDCH.

Community Strategies continued.

- Reduce *infant mortality* through the adoption and implementation of asset-based strategies that engage local residents and link organizational resources.
- Prevent *intentional and unintentional injury deaths* through a series of health promotion/disease prevention programs that focus on: gun buy-backs, bicycle helmets, infant and child car seats, and substance abuse prevention and treatment services.
- Decrease *mortality due to chronic diseases* by promoting early detection and lifestyle modification.

Highlights of Accomplishments in FY 2000

- Entered into an agreement with the Health Services Research Institute at the University of Michigan, who will serve as the *Data Management Center* for local CHAI analyses.
- Based on an assessment of racial disparity in infant mortality, received a \$250,000 grant from the Centers for Disease Control (CDC) to develop a collaborative community action plan.
- Based on a community awareness survey, coordinated an outreach effort to enroll families in MICHild, Healthy Kids and Medicaid.
- Based on survey findings, initiated campaign to encourage Hemoglobin A1c testing for diabetics.
- Issued "1999 Report to the Community," describing health assessment and improvement progress.
- Based on a local behavior risk factor assessment, initiated "Just a Bit Gets You Fit" campaign, to impact the health implications associated with sedentary lifestyles.
- Completed the *Genesee County Health Access Survey*. Results will be used in identifying needs of the local uninsured population.

Highlights of Future Opportunities in FY 2001

- Assess healthcare access concerns by completing an analysis of the recent survey, sharing its results and recommending targeted interventions that will lead to improved access to care.
- Initiate a Cost and Resource Planning Subcommittee that will partner with the University of Michigan to benchmark community health care costs and utilization levels.
- Enhance reporting to the community on relevant health assessment and health status data by developing a quarterly newsletter that communicates assessment findings.
- Initiate an internal, department-wide continuous quality improvement program that will systematically collect and measure customer satisfaction with health department services.

Grand Traverse County Health Department



**2000 Population Count for
Grand Traverse County: 77,654**

**FY 2000 MDCH Funds Appropriated
\$21,255**

For more information, contact:

Frederick Keeslar, Health Officer
or
Tres Brooke, Program Coordinator

**Grand Traverse County Health Dept.
2325 Garfield Road, North, Suite B
Traverse City, Michigan 49686
Phone: (231) 922-4831**

Project Name: Grand Traverse County Community Health Assessment and Improvement Project

Project Description

The Grand Traverse County community assessment and improvement project (CHAIP) is part of a Multi-County Steering Committee that consists of representatives from Antrim, Benzie, Grand Traverse, Kalkaska, and Leelanau counties. The steering committee efforts are, in part, linked to and facilitated by each county's human services coordinating council (HSCC). The committee provides essential planning, implementation, evaluation, oversight, and monitoring of the collaborative CHAIP activities within the region. Activities are constructed in response to the prioritized issues of data collection, access to care, risky behaviors, and environmental health. The committee has four subcommittees that tend to these issues: the Data Subcommittee, Access to Care, Risky Behaviors, and Northern Exposures.

Community Priorities

* Access to Health Care
* Data Collection

*Environmental Health
*Risky Behaviors

Community Strategies

- Ensure ***access to health care*** through the *Healthy Futures* program that improves access to and utilization of primary and preventive services for pregnant women and children (up to age 2). In addition, support dental clinics that provide services to Medicaid, Healthy Kids and MICHild recipients.
- Support regional ***data collection*** efforts by maintaining and monitoring benchmark data; assisting with the evaluation of CHAIP activities; providing technical assistance to the community regarding health care and health status statistics; and evaluating and analyzing data.
- Identify and respond to ***environmental health*** issues impacting human health in the community through a collaborative process involving environmental and ecological organizations, medical and health organizations, local units of government, and the general public. Moreover, support symposia on environmental issues, write endorsements for policy recommendations, present educational information to target groups, and benchmark beach water data.
- Reduce ***risky behaviors*** by offering smoking cessation programs that target the general public. Offer one-on-one, peer-based cessation programs in the Traverse City Area Public Schools. Also promote the prevention of smoking through billboard and poster campaigns that feature non-smoking youths.

Spotlight *Adolescent Risky Behaviors*

The Risky Behaviors subcommittee developed an anti-smoking program for area schools. Members include representatives from area health departments, Munson Medical Center, Traverse City Area Public Schools, Glen Lake Area Schools, the Lung Association, and the American Cancer Society.

This intensive, in-school smoking cessation program includes daily group meetings followed by weekly one-on-one meetings between students. In addition, all fourth grade students of participating schools systems receive tobacco information and education through a high school peer education program.

Outcome Measurement

<u>Adolescent Smokers</u>	<u>1999</u>	<u>Target</u>
Quit rate for One-on-One program	30%	50%

Source: 2000 Program Survey, GTCHD.

Highlights of Accomplishments in FY 2000

- Provided community health information and benchmark data through a county web site.
- Initiated a 21-county behavioral risk factor survey building upon the past survey done in 1995.
- The *Healthy Futures* program designed, distributed and has begun to collect surveys to determine the program's effectiveness.
- The Traverse City *Dental Clinic North* opened to the public. The regional *Dental Clinics North* program received notification of a \$1.3 million funding award from the Michigan Department of Community Health to open four additional clinics in the region.
- Sustained a 30 percent quit rate among participants of the one-on-one school-based smoking cessation program.
- Hosted the first-ever *Healthy Lives Healthy Bay* symposium that included a panel discussion by state and local environmental and health experts on water quality issues and policies.
- Northern Exposures committee supported Grand Traverse County in its decision to conduct internal research for establishing a mercury-free physical resources policy. If adopted, the policy will be the first of its kind in the United States.
- Hosted the first-ever *Clearing the Air* symposium that included a panel discussion by state and local environmental and health experts on outdoor air quality issues and policies.

Highlights of Future Opportunities in FY 2001

- Complete the behavioral risk factor survey (BRFS) of northern Michigan residents and publish and disseminate its results to the general public via electronic and print media.
- Establish and update community health information benchmarks using the county's web site: <http://www.grandtraverse.org/health/rptcard.htm>.
- Conduct an analysis of data collected from *Healthy Future* evaluation survey to determine the scope and success of the program.
- Aggressively promote the MICHild, Healthy Kids and Medicaid programs and assist residents with completing applications to enroll their children in the appropriate program.
- Expand the availability of preventive and dental care services through the *Dental Clinic North* site located in Traverse City.
- Expand the one-on-one approach to tobacco cessation offered to Traverse City Area Public Schools students. Monitor tobacco vendor compliance by coordinating a program designed to measure the rate at which youth are asked for age-verifying identification.
- Provide necessary support in drafting and implementing a department-wide mercury-free policy for Grand Traverse County.

Huron County Health Department



**2000 Population Count for
Huron County: 36,079**

**FY 2000 MDCH Funds Appropriated
\$14,395**

For more information, contact:

Gretchen Tenbusch, Health Officer
or
Kay Balcer, Program Coordinator

**Huron County Health Department
1142 S. Van Dyke
Bad Axe, Michigan 48413
Phone: (989) 269-9721**

Project Name: Huron County Human Services Collaborative Body (HCMPCB)

Project Description

The Huron County Community Health Assessment and Improvement (CHAI) process began as a combined Kellogg-funded *Rural Health Project* effort between Huron, Tuscola and Sanilac Counties in 1993. Upon completion of that project, the CHAI process affiliated with the Huron County Multi-Purpose Collaborative Body (HCMPCB) in order to assess and prioritize community health issues and develop local strategies. During 1999-2000, the tri-county effort disbanded but continues to remain open to regional collaboration when economy of scales dictate.

The CHAI workgroup reports to the HCMPCB on a regular basis in order to gain feedback, guidance and approval on major initiatives. Huron CHAI membership includes representatives from: local business, the community mental health authority, the health department, local hospitals, the Family Independence Agency and schools. Participating in the CHAI effort are HCMPCB's member organizations and consumers. Each year, the HCMPCB appoints CHAI workgroup members and charges the group to accomplish specific tasks. Last year the workgroup reviewed community priorities and established objectives and indices for monitoring. This year the workgroup will assist existing community groups/task forces in developing priority-specific action plans for Huron County priority health issues.

Community Priorities

- * Access to Dental Care
- * Economic Inequality
- * Motor Vehicle Fatalities
- * Child and Adolescent Deaths
- * Low Birth Weight
- * Smoking
- * Domestic Violence

Community Strategies

- Reassess *access to dental care* issues in order to determine the system's capacity for delivering prevention and treatment services to Medicaid clients.
- Assist the *Child Death Review Team* in interpreting *child and adolescent death* records and developing necessary prevention and intervention strategies to include in the community action plan.
- Assist Huron County Child Abuse and Neglect Council and Victims Advocacy Office in reviewing *domestic violence* data and developing a community action plan.

Spotlight Information and Referral

Thumbresources.org is a web site devoted to providing residents of Huron, Sanilac and Tuscola with the most recent information about the area's health and human service agencies. Once logged on, the user can choose to search the database by either keyword or category. Each entry contains a program description and eligibility requirements, along with information about fees/payment, application process, and contacts. Links to agency information are built in. Agencies can choose to log on and submit agency and program information, thus assuring that the database remains current.

Thumbsresources.org has been designed and funded through the "Early On"® Programs of Huron, Tuscola and Sanilac counties. "Early On"® is an initiative of the Michigan Departments of Education and Community Health, the Family Independence Agency and Local Intermediate School Districts. Ongoing maintenance of the site and database is a cooperative effort of the Huron, Tuscola and Sanilac Multi-Purpose Collaborative Bodies and their members.

Outcome Measurement

<u>Child Deaths</u>	<u>1995-97</u>	<u>1997-99</u>
# of child deaths, ages 1-14	3	8

Source: DVRHS, MDCH.

Community Strategies continued.

- Explore community factors that lead to *economic inequality* for Huron County residents, such as lack of employment opportunities, training and technology.
- Working with the health department, assess access to maternal prevention services and develop a set of maternal health strategies aimed at improving infant health outcomes, including *low birth weight*.
- Convene a workgroup of hospital and law enforcement personnel and identify a lead agency that will review *Motor Vehicle Death* data and develop a community action plan.
- Working through the Huron County Tobacco Reduction Coalition, review county *smoking* prevalence rates and develop community action plans that promote cessation programs to pregnant women and other tobacco users.

Highlights of Accomplishments in FY 2000

- Published and distributed the *Community Health Improvement Plan (CHIP)* to more than 500 area residents.
- Completed *Michigan's Local Public Health Accreditation Process*.
- Compiled a list of community resources that included community coalitions, community taskforces and other community groups.
- Initiated Safe Communities Task Force to conduct *Assessing Community Traffic Safety (ACTS) Needs Assessment*.

Highlights of Future Opportunities in FY 2001

- Develop and publish a three-year priority health issue action plan that will impact and correlate with the goals and objectives outlined in the CHIP.
- Complete ACTS Needs Assessment and identify community assets and deficits as they relate to traffic safety.
- Publish and distribute a tri-county motor vehicle fatality profile that contains sections on: crash statistics, assets and deficits, community attitudes and beliefs and strategies.
- Continue to report to HCMPCB with progress updates.
- Continue to work with *Thumbresources.org*, an information and referral website for Huron, Sanilac and Tuscola counties.

Ingham County Health Department



**2000 Population Count for
Ingham County: 279,320**

**FY 2000 MDCH Funds Appropriated
\$43,868**

For more information, contact:

Bruce Bragg, Health Officer
or
Bob Glandon, Program Coordinator

**Ingham County Health Department
5303 S. Cedar, P.O. Box 30161
Lansing, Michigan 48909
Phone: (517) 887-4300**

Project Name: Ingham Community Health Assessment and Improvement

Project Description

The Ingham Community Health Assessment and Improvement (CHAI) process is part of the Capital Area Health Alliance, Human Services Advisory Committee, Ingham Community Voices Initiative (supported by the W.K. Kellogg Foundation), and Ingham County Board of Health planning process. Many of its current activities relate to health improvement, and are guided by community health assessment studies conducted over the last several years. Its numerous accomplishments are the result of the commitment of many people and organizations in Ingham County, who have participated in coalitions, roundtables, committees and other like processes.

Community Priorities

- | | | |
|---------------------------|----------------------|---------------------|
| * Access to Health Care | * Nutrition | * Substance Abuse |
| * Diabetes | * Oral Health | * Tobacco |
| * Disseminate Information | * Physical Activity | * Youth Development |
| * Environmental Health | * Reduce Disparities | |

Community Strategies

- Support a community-based effort to define ***access to health care*** goals and objectives, develop an action plan, and implement a health coverage plan for the uninsured.
- Establish a Capital Area Health Alliance subcommittee dedicated to identifying major factors that influence ***diabetes*** in the capital area and develop a diabetes reduction plan.
- Enhance the *Democratized Data Project* for ***disseminating information***, which includes making health and safety, resource and referral, and other information available over the Internet.
- Assess ***environmental health*** issues through a series of reports on land and land use, indoor and outdoor air quality, water resources, and food.
- Support the “Eat Healthy, Your Kids are Watching” campaign to educate and raise awareness of proper ***nutrition***.
- Create a community-based strategic plan to expand capacity for preventive ***oral health*** care and treatment to the uninsured.
- Plan and promote events that encourage ***physical activity*** in youth and the elderly.

Spotlight Reducing Disparities

For African-Americans in the county, health improvement is a community effort where friends, family, doctors and church pastors are among those who have the greatest influence.

This sense was recently conveyed during the *African-American Health Summit* held in the new community facility at the Potter Park Zoo. Participants defined health in a holistic way, stating health depended on many factors – physical, environmental, economic, and emotional. They also placed a strong emphasis on spirituality. Participants felt that spirituality and faith provided them with guidance to affect their health.

Since this dialogue, community groups have worked together to address health disparities in the county and to broaden their base of involvement.

Outcome Measurement

<u>Current Smokers</u>	<u>1994</u>	<u>Target</u>
% of African-American adults	23%	< 20%

Source: 1994 Capital Area BRFS, ICHD.

Community Strategies continued.

- Work with the *African American Health Institute* and *Circle of Indigenous People* to identify health risks and contributing factors for poor outcomes and create a plan to improve health and **reduce disparities**.
- Host a symposium on **substance abuse** treatment for area professionals.
- Coordinate smoking cessation services in the county. Provide **tobacco** prevention services that target youth and the community as a whole. Conduct retailer compliance checks and propose regulations that prohibits smoking in worksites.
- Support community-based **youth development** programs that build skills in teens.

Highlights of Accomplishments in FY 2000

- Published “African American Health Matters,” a report that describes the community’s health status.
- Proposed regulation prohibiting smoking in public and private workplaces to the Ingham County Board of Commissioners.
- Received \$65,000 in funding for the Nutrition Coalition to continue the “Eat Healthy, Your Kids are Watching” campaign.
- Published a report on the status of surface and groundwater resources, which is part of a larger environmental assessment and community-based environmental health improvement effort.
- Partnered with community groups in Clinton and Eaton counties to establish an interactive information and referral database.
- Held a symposium for law enforcement, court, and substance abuse professionals to facilitate improvements in treatment for offenders.
- Assisted with the development of a health coverage plan for county residents without health insurance, and a program that provides free over-the-counter medicines for low-income residents.
- Conducted a community survey of behaviors, access to care issues, environmental practices, beliefs and emotional well-being.

Highlights of Future Opportunities in FY 2001

- Develop a set of key indicators for health, education, economic development, family stability, safety, and individual development.
- Implement an education program to increase the number of people who eat a healthy breakfast.
- Continue to support regulations that prohibit smoking in public and private workplaces.
- Increase availability of prescription medications to uninsured, low-income residents through the drug manufacturers’ indigent patient programs.
- Enhance information on health status and community services, available through the Internet.

Spotlight
Access to Dental Care

The Health Department and the Healthy Crossroads Committee have helped identify and confirm the need for increased availability of dental services for Medicaid/uninsured individuals. The free dental clinic, initiated in 1998, is a collaborative effort between a wide variety of organizations and human service providers in and around Ionia County. These organizations include: local schools, Ionia County Memorial Hospital, Family Independence Agency, American Cancer Society, Arthritis Foundation, Catholic Social Services and individual health professionals and community members. The dental clinic utilized existing facilities at *Heartland's Institute of Technology*. Dental professionals volunteer their time and services to this worthwhile project.

Outcome Measurement

<u>Dental Visits</u>	<u>1998</u>	<u>2000</u>
# of clients served	60*	117
*estimated		

Source: Program data, ICHD.

Highlights of Accomplishments in FY 2000

- Completed the *Ionia County Behavioral Risk Factor Survey* and distributed 120 copies of the final report to County Commissioners and Healthy Crossroad members. As a result of these findings, a collaborative group was formed to establish goals for the upcoming year. This group will develop mechanisms for gathering community input into the process.
- Assisted with a joint, collaborative effort between *Project Rehab* and the Tobacco Reduction Coalition to pilot a tobacco reduction/prevention program to 3rd, 4th, 7th, 8th, 11th and 12th graders in three Ionia County schools.
- Continued partnership to operate free Dental Health Clinic with health and human service providers.
- Arranged for *Mobile Dentist, Inc.* to come to elementary schools in the area and perform initial dental exams and cleanings. As a result, more than 100 children received preventative dental care.

Highlights of Future Opportunities in FY 2001

- Maintain the *Heartlands Dental Clinic*, which includes the following activities: renew the FIA grant, coordinate volunteer dentists, sponsor dentists' recognition breakfast, and purchase equipment and supplies.
- Continue coordinating and scheduling *Mobile Dentists, Inc.* at county elementary schools as a way to improve access to dental care for local children.
- Develop an information and referral system for children on Medicaid with area dentists who are participating with Delta Dental.
- Develop and distribute a quarterly newsletter that will keep the community informed about new and ongoing efforts to impact the community's health. The newsletter will also provide county-specific information about the community's current health status.

Jackson County Health Department



**2000 Population Count for
Jackson County: 158,422**

**FY 2000 MDCH Funds Appropriated
\$31,778**

For more information, contact:

Ted Westmeier, Health Officer

**Jackson County Health Department
1697 Lansing Avenue
Jackson, Michigan 49202
Phone: (517) 788-4420**

Project Name: Health Improvement Project -Jackson County

Project Description

The overall mission of the Health Improvement Project is to improve the health status of Jackson County residents through a collaborative effort and to develop a *Community Health Plan* based on continuous assessment and interventions. In 1994, thirty different organizations initiated the development of a *Community Health Plan* designed to address health problems specific to the community. A multi-disciplinary Community Advisory Group (CAG) was formed to conduct a community-wide health status assessment as the first step towards the development of a plan. As a result of CAG's efforts, priority health problems were identified and grouped into three main areas. These areas provide a framework for further examining and addressing health problems. The three areas are: Cardiopulmonary Disease, Maternal/Infant Health, and Quality of Life. Starting in February 1995, task forces were formed to address each of the main health problem areas. As the initiative grows and develops, the Steering Committee has recommended that the initiative align itself to a community foundation as part of its long-term sustainability efforts. Currently, the Health Improvement Project Steering Committee is meeting to restructure, organize and sustain the "new" community project.

Community Priorities

- * Cardiopulmonary Disease
- * Maternal and Infant Health
- * Quality of Life
- * Sustaining the Health Improvement Project

Community Strategies

- Support community efforts to reduce the incidence of *cardiopulmonary disease*.
- Identify strategies that reduce teen pregnancy and improve overall *maternal and infant health*.
- Develop strategies to address a variety of personal and social issues that affect health and behavior and improve the overall *quality of life* of Jackson County residents.
- Create a long-term community plan for *sustaining the Health Improvement Project*, including securing necessary funding and staffing resources.

Spotlight *Access Jackson*

Based on the recommendation to improve accessibility to “Quality of Life Providers,” the Health Improvement Project and the Service Matrix Committee developed *Access Jackson* (www.accessjackson.org). This Internet accessible site contains information on a variety of community-based organizations, coalitions, task forces, and committees. Organizational listings in *Access Jackson* include demographic, program, and service information. Organizations can be accessed alphabetically and categorically.

The health department is responsible for the day-to-day operation of the web site, while the Committee provides oversight for the project. Marketing activities for the site include distribution of rolodex cards to community-based agencies, lunches to announce and demonstrate the site, and public service announcements.

Outcome Measurement

<u><i>Access Jackson</i></u>	<u>1999</u>
# of participating agencies	400

Source: Access Jackson, JCHD.

Highlights of Accomplishments in FY 2000

- Updated the *Access Jackson* web site with information from more than 400 community-based health and human services providers.
- Initiated a planning process to strengthen and sustain the Health Improvement Project. This included presenting recommendations to the Health Improvement Project membership for collaborative funding and staffing through the W.A. Foote Memorial Hospital. Received approval from the membership and the Foote Board of Trustees to develop a job description and hired a Director of Community Health to coordinate the collaborative effort.
- Approximately \$300,000 has been contributed and directed toward strategies identified through the Health Improvement Project, including: information and referral services, exercise planning and weight awareness education, tobacco education and reduction efforts, and alcohol enforcement policy development.

Highlights of Future Opportunities in FY 2001

- Continue to engage in the planning process for the Health Improvement Project with staff from the W.A. Foote Memorial Hospital and Health Improvement Project Steering Committee members. As part of the planning process, redefine the Health Improvement Project’s purpose, expected outcomes, funding mechanisms and organizational structure.
- Upon completion of the strategic plan, a kick-off will be held at the annual meeting of the Foote Board of Trustees and the Jackson County Board of Commissioners. This annual meeting is designed to review and discuss critical health indicators affecting Jackson County residents and the recommendations provided through the Health Improvement Project.
- Continue to provide and update health and human services information through the Internet site *Access Jackson*. This will include verifying all current listings in the web site and identifying new community resources through direct mailings and telephone contacts with area health and human service providers.

**Kalamazoo County Human Services
Department**



**2000 Population Count for
Kalamazoo County: 238,603**

**FY 2000 MDCH Funds Appropriated
\$39,114**

For more information, contact:

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or
Beverly Riley, Community Planner

**Kalamazoo Co. Human Services Dept.
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Nazareth, Michigan 49074-0042
Phone: (616) 373-5200**

Project Name: Kalamazoo County Board of Commissioners Public Health Advisory Council

Project Description

The community health assessment and improvement initiative is under the oversight of the Public Health Advisory Council (PHAC), which was formed by the Kalamazoo County Board of Commissioners (KCBOC) to advise, consult and cooperate with the Board and the Human Services Department (HSD) for the enhancement and promotion of the health of the Kalamazoo community. One of the Council's functions is to prepare and distribute a *Community Health Plan* that will inform county residents of critical health issues and health improvement strategies. The health plan provides priority health issues, goals, objectives, and health improvement strategies. HSD provides staff to facilitate the process, which includes: gathering information and data on health issues, making presentations on health issues to the Council, preparing a draft of the Community Health Plan, and preparing Community Health Profiles.

Community Priorities

- * Immunization
- * Infant Mortality
- * Minority Health

Community Strategies

- Raise **immunization** levels of children living in Kalamazoo County through the community coalition *Immunize by Two*. Support and promote the immunization registry project that assists private providers in tracking children that are behind, reminds parents when it is time to immunize, and educates the community on the importance of immunizations.
- Identify risk factors associated with **infant mortality** through the *Fetal and Infant Mortality Review* process. Promote abstinence and harm reduction through adolescent peer education. Promote healthy pregnancy practices using lay health promoters in targeted zip code areas. Promote the *Family Resource Model*, which provides parenting classes, counseling, and transportation.
- Develop and implement a **minority health** faith-based response to the prevention and early detection of cancer, heart disease (including stroke), diabetes, and HIV/AIDS among African Americans.

Spotlight
Infant Mortality

Healthy Babies – Healthy Start is a collaborative effort, by local private and public health organizations, dedicated to promoting healthy births and reducing infant mortality in Kalamazoo County.

The *Healthy Babies – Healthy Start Fetal Infant Mortality Review (FIMR) Team* made nine recommendations to improve community infant health outcomes. The health department management team has put all nine into action.

Over 300 health care professionals and para-professionals attended the *FY 2000 Babies-At-Risk Conference*, which focused on maternal substance abuse issues. As a result of the conference, several community-wide system changes are in process.

Outcome Measurement

<u>Infant Mortality</u>	<u>1998</u>	<u>Target</u>
Rate per 1,000 live births	9.7	4.5

Source: DVRHS, MDCH.

Highlights of Accomplishments in FY 2000

- Published and distributed *Kalamazoo County 1999 Community Health Profile*.
- Published and distributed (including placement on the web) *Seniors Count in Kalamazoo* report.
- Worked with local agencies, health care providers, and *Healthy Futures* on a grant proposal to HRSA for the *Community Access Program (CAP)* to increase access to health care for uninsured and underinsured individuals.
- Selected and field-tested questions for an upcoming behavioral risk factor survey.
- Provided team building training for members of the Public Health Advisory Council that led to the development of a *Council Charter*.
- Completed an operational plan and strategic plan for the community health assessment and improvement process and piloted the process.
- Partnered with 16 other organizations to institute the *African-American Health Initiative* that is staffed and housed in a community church and funded, in part, by MDCH Minority Health funds.

Highlights of Future Opportunities in FY 2001

- The Public Health Advisory Council (PHAC) and Human Services Department staff will prepare and distribute their first *Community Health Plan* to inform residents of critical health issues and health improvement strategies. Development of the *Community Health Plan* will include action plans created by the Health Issues Teams designated by PHAC. PHAC will also seek community input and feedback on the *Health Plan*.
- Update and publish the *Community Health Profile for Kalamazoo County* and post it on the Internet. The profile will include county-specific, state, and national data, as well as race and gender-specific data, for a number of indicators that reflect health status.
- Conduct and analyze the local *Behavioral Risk Factor Study (BRFS)*. The study will include 26 modules that are designed to capture health status, health care, and health risk behavior information.
- Based upon results of the *Community Health Profile* and *BRFS*, develop and publish in-depth *Kalamazoo County Report Cards*. (Topics to be determined.)

Kent County Health Department



**2000 Population Count for
Kent County: 574,335**

**FY 2000 MDCH Funds Appropriated
\$61,786**

For more information, contact:

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Program Coordinator

**Kent County Health Department
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Project Name: Kent County Health Department -- Healthy Kent 2010

Project Description

Healthy Kent began in 1993 to identify Kent County's priority health problems and develop a plan to improve community health. Coordinated by the Kent County Health Department (KCHD), Healthy Kent is guided by a Community Health Committee (now called the Steering Committee), which is comprised of a wide range of community leaders. Through a comprehensive health assessment, Healthy Kent identified five priority health concerns for Kent County. In order to address each of these concerns, five implementation teams were formed that developed goals, objectives and strategies. In 1999, Healthy Kent went through a restructuring process, which resulted in the formation of four resource teams that provide support to the Healthy Kent Steering Committee (HKSC) and the implementation teams. The KCHD provides staff support to the HKSC, the implementation teams and the four resource teams. Additionally, the Assessment and Assurance Section of KCHD provides data analysis for Healthy Kent indicators. Every other month, the health department, in consultation with the Implementation Teams, develops and publishes a community *HealthWatch Report Card* on one of the Healthy Kent priorities and distributes it to the community.

Community Priorities

- * Access to Health Care
- * Chronic Disease
- * Eliminate Underage Alcohol and Tobacco Use
- * Infant Health
- * Racial Health Disparities
- * Sexually Transmitted Infections (STI)/AIDS
- * Substance Abuse
- * Violence Prevention

Community Strategies

- Advocacy Resource Team will develop a relationship with local Medicaid Qualified Health Plans in order to address enrollment and spend down issues and improve ***access to health care***.
- Develop community screening guidelines for chronic disease factors; disseminate guidelines to health care providers; offer community screenings to minority populations; and hold a planning retreat to gather community input into the 2001 ***chronic disease*** risk reduction plan.
- Sponsor a community forum to assess the current climate for underage alcohol and tobacco use and identify ways that agencies can work together to ***eliminate underage alcohol and tobacco use***. Develop and prioritize strategies.
- Improve ***infant health*** outcomes by conducting town meetings designed to gather community input and develop strategies that target African-American infant mortality rates.
- Promote awareness of ***racial health disparities*** in infant mortality, African American male homicide rates and chronic disease. Increase minority representation in Healthy Kent activities and support the formation of the *African American Health Institute*.

Spotlight
Access to Care

One of the guiding principles of Healthy Kent is to assure access to quality health care. Providing ongoing information to the community on indicators selected through the CHAI process is a critical piece of promoting change. The Healthy Kent 2010 Infant Health Implementation Team chose timely prenatal care to assess access to care and highlighted this indicator in the *Infant Health* report card. Timely prenatal care – prenatal care beginning in the first trimester of pregnancy – is one measure of access to care that is associated with healthier birth outcomes. Disaggregating county level data by race/ethnicity is a feature of all *HealthWatch* report cards. Wide distribution of the report cards is accomplished through direct mailings to over 700 community stakeholders. The general public can also access the information via the local media (newspaper, radio and television) and the KCHD and Healthy Kent web sites.

Outcome Measurement

<u>% Receiving Prenatal Care in 1st Trimester</u>	<u>1991-93</u>	<u>1996-98</u>
Total	79.3%	75.2%
White	82.8%	78.1%
Black	55.5	56.5%

Source: DVRHS, MDCH.

Community Strategies continued.

- Facilitate *STI/AIDS* procedural competency by increasing the skill and knowledge level of health care providers and ensuring that CDC prescribed STD prevention guidelines are adopted.
- Develop an alcohol assessment tool; a drinking and driving brochure for area businesses; and sponsor town meetings to gather community input into the *substance abuse* strategic planning process.
- Support ongoing *violence prevention* activities being sponsored and implemented by the Violence Prevention Coalition and its action teams.

Highlights of Accomplishments in FY 2000

- Awareness - Healthy Kent community presentation/community awareness strategies were implemented. Six HealthWatch report cards were developed and disseminated. A drinking and driving brochure was developed and distributed to area worksites. The violence prevention coalition distributed a directory of violence data sources. Safe Neighborhoods Action Team held two community trainings on environmental changes needed to reduce crime and violence.
- Advocacy - Healthy Kent Steering Committee (HKSC) approved a position statement on outpatient dialysis services and notified the State Attorney General of their position. Three implementation teams co-authored a harm reduction fact sheet and supported a harm reduction resolution.
- Funding - HKSC approved a funding resolution that provides direction for seeking funds for Healthy Kent activities and the Financial Resource Team established a project funding process. Obtained \$10,000 to implement health screening events.
- Healthy Kent - Surveyed Healthy Kent members to assess the effectiveness of the Healthy Kent process. Changed HK 2000 to HK 2010 and created a new mission statement. Revised all five implementation teams strategic plans to reflect the most recently received community input. Established the Sexual Assault Prevention Action Team.
- Implementation – Sponsored “Health Screening Sunday,” screening more than 40 African-American and providing referral and follow up information. Awarded six mini grants for violence prevention programming.

Highlights of Future Opportunities in FY 2001

- Produce a Kent County health status report, publish six *HealthWatch* report cards on Healthy Kent priority areas, develop a spreadsheet of health status indicators selected by HK 2010; and launch a Healthy Kent website.
- Produce a Healthy Kent membership survey and develop an indicator set to assess the efficacy of the process and assess HKSC’s membership to ensure that it reflects the demographic makeup of Kent County.
- Submit three funding proposals to local foundations to fund Healthy Kent activities.
- Partner with other community efforts to improve health and health outcomes of all Kent County residents.

Lapeer County Health Department



**2000 Population Count for
Lapeer County: 87,904**

**FY 2000 MDCH Funds Appropriated
\$23,300**

For more information, contact:

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or
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**Lapeer County Health Department
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Project Name: Healthy Lapeer 2000 and Beyond

Project Description

Healthy Lapeer (HL) 2000, the local CHAI initiative, has taken a leadership role in the community for planning and identifying priority issues. Under the auspices of the local health department, Healthy Lapeer 2000 is seen as the planning expert for many primary, secondary and tertiary health issues. HL2000 is creating an atmosphere of collaboration as it addresses its priority health issues and other relevant health issues.

Major partners include: Lapeer Regional Hospital, Community Mental Health, County Board of Commissioners, Probate Court, Lapeer Medical Care Facility, Imlay City Schools, Medical Arts Center, Lapeer Intermediate School District, St. Paul Lutheran Church, Ligon Brothers Manufacturing Co., Hispanic Services, McKenna Associates, Inc., McLaren Family Care Center, Lapeer Community Schools, Lapeer County Board of Health, Family Independence Agency, United Way's First Call for Help, Department of Equalization, Children's Trust Fund, MSU Cooperative Extension, Head Start, 4Cs, Christian Family Services, Prosecutor's Office, Lapeer County Sheriff Dept., LACADA Shelter, Lapeer County Library and local consumer groups.

Community Priorities

- | | | |
|-------------------------|------------------------|--------------------------|
| * Access to Health Care | * Domestic Violence | * Infant Mortality |
| * Cancer | * Environmental Safety | * Motor Vehicle Injuries |
| * Children At-Risk | * Heart Disease | * Senior Issues |

Community Strategies

- Improve **access to health care** for all age groups through ongoing monitoring of service availability and identification of service gaps.
- Reduce the **cancer** incidence and mortality through risk factor education (i.e., tobacco use, nutrition, alcohol consumption, etc.).
- Reduce the number of **children at-risk** by working collaboratively with service agencies to assure that family support programs, designed to assist parents in making positive choices, are accessible.
- Develop and advocate for the adoption of a comprehensive **Domestic Violence Coordinating Protocol** to assure that all service agencies respond to incidents of domestic violence in a coordinated fashion.

Spotlight
Domestic Violence

Domestic violence (DV) was originally identified as a community priority in 1995 during the community health assessment process. A Healthy Lapeer 2000 Partnership workgroup was formed to address domestic violence in the county. Goals and objectives were established by the group as part of the overall community health plan. In general, the workgroup focused on reducing physical abuse of females by male partners through education, policy enactment, and coordination. As a result:

- Several community wide conferences have been held to educate professionals;
- DV counseling is offered on the OB unit of Lapeer Regional Hospital;
- Batterer's support groups have been initiated in the community and receive referrals from the courts;
- Packets "You're Not Alone" and the "Resource Guide" have been distributed;
- Several mini-workshops have been offered to the community at large; and
- A coordinated response protocol has been drafted.

Outcome Measurement

<u>Domestic Violence</u>	<u>1989</u>	<u>1999</u>
# of arrests	106	247

Source: Lapeer County Prosecutor's Office.

Community Strategies continued.

- Assist the Lapeer United Vision strategic planning process and the Land Use Task Force in interpreting demographic, socioeconomic and health data related to *environmental safety* issues.
- Reduce *heart disease* incidence and mortality by promoting heart health screenings and community educational activities.
- Conduct on-going data surveillance activities to identify the causes of *infant mortality* and work with stakeholders to use this information to formulate targeted responses.
- Reduce *motor vehicle injuries* by promoting the use of car seats for young children. Also work collaboratively to reduce underage drinking among youth through prevention education and treatment services.
- Conduct a needs assessment of the *senior* population and work collaboratively with senior service providers and other stakeholders to establish population-specific priority health *issues*, benchmarks and strategies.

Highlights of Accomplishments in FY 2000

- Distributed 5,000 copies of HL 2000 newsletter to local community residents in an effort to keep them informed of health status issues, HL 2000 activities and risk reduction/prevention resources.
- Implemented car seat assessments at several locations across the county in order to determine the rate of correct usage.
- Sponsored a *Domestic Violence Conference* in April. Over 100 attendees from local police and health agencies participated.
- Conducted five community input sessions throughout Lapeer County to gain broad-based support for current initiatives.
- Facilitated *Lapeer 2000 Senior Coalition* strategic planning process and strategic plan development.
- Worked with members of the Children's Trust Fund to implement strategies that encourage the availability and use of breast-feeding sites at public events for new mothers.

Highlights of Future Opportunities in FY 2001

- Complete a five-year progress report of HL 2000 accomplishments and present it to the partnership.
- Working within the existing health and human structure, conduct the *Quality of Life Survey* to assess community perceptions and needs.
- Continue to work on developing a comprehensive domestic violence coordinated response protocol.
- Work with the senior coalition to expand its membership. Continue to work with this group to assess senior health needs.

Lenawee County Health Department



**2000 Population Count for
Lenawee County: 98,890**

**FY 2000 MDCH Funds Appropriated
\$24,846**

For more information, contact:

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or
Susie Reitbauer, Program Coordinator

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Adrian, Michigan 49221-3871
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Project Name: Lenawee County Community Health Assessment and Improvement Project

Project Description

The Lenawee County community health assessment and improvement project is a network of coalitions and focus groups addressing priority health issues identified in 1995 and reaffirmed in 1997 through a community summit of area health care leaders and community members. Community priorities identified during the summits include: access to health care, cardiovascular disease, immunizations, and teen pregnancy. The health department actively participates in each of these community groups, monitoring and distributing health statistics and information that assists these groups in narrowing the priorities and developing effective strategies that address each area.

Community Priorities

- * Access to Health Care
- * Cardiovascular Disease
- * Immunizations
- * Teen Pregnancy

Community Strategies

- Increase ***access to health care*** by establishing a new dental clinic for low-income residents and improving their knowledge and awareness of community health care resources. Administer an ***access to health care*** survey to local residents.
- Reduce ***cardiovascular disease*** through the promotion of heart health screenings and fitness programs throughout the county.
- Work to improve ***immunization*** rates by promoting and coordinating immunization services.
- Promote and support the ***Postponing Sexual Involvement*** program in all Lenawee County Schools to reduce ***teen pregnancies***.

Spotlight
Teen Pregnancy Reduction

The Teen Pregnancy Coalition has aggressively worked to reduce teen pregnancies in the county by supporting an abstinence-based curriculum for area schools and raising awareness of adolescent health issues and resources available to address these needs.

The coalition has worked with area schools to support and implement the *Postponing Sexual Involvement* curriculum. The abstinence-only curriculum builds self-esteem among youth and teaches life skills through role-playing and peer education.

The coalition has also surveyed area youth to assess their knowledge of sexually transmitted diseases. In addition, a teen health card was developed and distributed that identifies community resources for adolescents.

Outcome Measurement

<u>Teen Pregnancy</u>	<u>1997</u>	<u>Target</u>
Rates per 1,000 females age 15-19	46.0	30

Source: DVRHS, MDCH.

Highlights of Accomplishments in FY 2000

- Opened the Lenawee Dental Clinic in June of 2000 for low-income Medicaid residents. This was accomplished in collaboration with the Lenawee Community Mental Health Agency, Family Independence Agency, Lenawee Health Alliance, local dentists, churches and volunteers.
- The Teen Pregnancy Coalition worked with four school districts to survey students on knowledge of sexually transmitted diseases.
- The Access to Health Care focus group identified a lack of health care services as an issue, especially for people with dementia. As a result of the focus groups' recommendations, a community workgroup was established to address this issue. In addition, the workgroup has recruited several family practice physicians and OB/GYNs to work in the county.

Highlights of Future Opportunities in FY 2001

- Develop two community health cards in collaboration with the Teen Pregnancy Coalition, Access to Health Care Focus Group, Tobacco Reduction Coalition, Teens Against Tobacco, and the Youth Council. One card will focus on adult health indicators and adult health resources. The other card will focus on youth health indicators and youth resources.
- Distribute the youth card of health indicators and resources to all middle school students in the county through school principals, nurses, counselors, and Postponing Sexual Involvement staff.
- Distribute the adult card of health indicators and health resources through all human service agencies, the Chamber of Commerce and the media.
- Work with the Human Services Council to gain active involvement in the community health assessment and improvement project, by: surveying the Council on their perception of the leading health issues; providing the Council membership with data and health statistics on identified selected health issues; facilitating the council through a prioritization of health issues; and implementing a process for addressing prioritized health issues.

**Livingston County Health
Department**



**2000 Population Count for
Livingston County: 156,951**

**FY 2000 MDCH Funds Appropriated
\$30,279**

For more information, contact:

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or
Jennifer Jakary, Health Planner/Analyst

**Livingston County Health Dept.
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Phone: (517) 546-9850**

Project Name: Community Health Assessment Committee

Project Description

The Livingston County Health Department's Community Health Assessment Committee (CHAC) facilitates health assessment efforts through a network of community committees, coalitions, and agencies and provides them with sound information used to develop and measure health improvement activities and initiatives throughout the county. Part of the CHAC efforts include: the development and publication of a community health data book that will enhance health improvement efforts now underway by various groups; and the ongoing monitoring of health status indicators and conditions of interest to the broader community. The health department staff actively participates in several community groups, such as the Human Services Collaborative Body (HSCB), and routinely shares current assessment information with them. This information is vital for community initiatives like *Healthy Livingston* to achieve their mission for improving the quality of life in Livingston County. In addition, community efforts among various groups and agencies are coordinated when appropriate, in order to avoid duplicative approaches, thus assuring utilization of community resources and ingenuity.

Community Priorities

- * Dental Needs
- * Health Needs Assessment
- * Nutrition among Adolescent
- * Uninsured
- * Youth Assets

Community Strategies

- Study the ***dental needs*** of older adults in the county.
- Raise awareness of the community's ***health needs assessment*** by writing, editing and distributing a *Livingston County Community Health Data Book* to community partners, government officials, and individual community members.
- Identify and coordinate delivery of ***nutrition*** services to ***adolescents*** in the county.
- Assess the needs of the ***uninsured*** in Livingston County by administering a community survey, conducting focus groups, and hosting a community forum.
- Develop an asset-building initiative in area schools by hosting community meetings and conducting an asset survey of youth in order to identify existing and potential ***youth assets***.

Spotlight
Community Health Data Book

The Community Health Assessment Committee is developing a community health data book that will enhance health improvement efforts now underway by various groups, bodies, and coalitions. The data book will support these groups by monitoring health status indicators and conditions of interest for the broader community. The book will highlight information on various health indicators, including communicable diseases, leading causes of death, cancer, behavioral risk factors, infant mortality, the uninsured, dental care, and food safety. The report will utilize user-friendly graphs, tables, and analyses to inform and educate community members about health issues.

In an effort to assure access to the health data book, health department staff will work to distribute copies to community groups and agencies. Staff will also work with local media to bring attention to these health issues and trends as identified in the report.

Outcome Measurement

<u>Infant Mortality</u>	<u>1989-91</u>	<u>1997-99</u>
Rate per 1,000 live births	5.5	4.8

Source: Community Health Data Book, LCHD.

Highlights of Accomplishments in FY 2000

- The Community Health Assessment Committee has initiated the development of the *Community Health Data Book*. Health department staff started to draft the 23 sections of the report based on specific health outcome indicators. Staff have also established a review and feedback process with the Livingston County Board of Health and Livingston County Board of Commissioners.
- The health department operationalized a data request system so that any member of the community can easily request and obtain data on vital statistics, communicable diseases, health care facilities and providers, pregnancy risk factors, and other health-related statistics.
- The Healthy Livingston Uninsured Committee secured the support of the hometown newspaper for partnering on an assessment of the uninsured. The newspaper assisted in the distribution of a mail-back survey to community residents in an effort to assess who the uninsured are and why.
- In an effort to improve and coordinate nutritional-related services to residents in Livingston County, especially adolescents, the Human Services Coordinating Body initiated a Nutrition Coalition.

Highlights of Future Opportunities in FY 2001

- Upon the completion of the *Community Health Data Book*, the health department plans to work with local media (i.e., newspapers) to highlight the report's 23 health indicators.
- The health department will initiate community presentations and forums to promote and gain feedback on the *Community Health Data Book*. These presentations and forums will also serve as an opportunity to increase community support and participation in ongoing community health assessment and improvement activities throughout the county, leading to the expansion of the Community Health Assessment Committee's membership.
- The health department will continue to enhance the easily accessible, health information databank for community members and organizations.

**Luce-Mackinac-Alger-Schoolcraft
(LMAS) District Health Department**



**2000 Population Count for
Alger, Luce, Mackinac, & Schoolcraft
Counties: 37,732**

**FY 2000 MDCH Funds Appropriated
\$50,000 per District**

For more information, contact:

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or
Martha Fuller, Program Coordinator

**LMAS District Health Department
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Phone: (906) 293-5107**

Project Name: Human Services Collaborative Bodies

Project Description

The Community Health Assessment (CHA) process is designed to maximize community resources and to engage participation of all community members through a variety of tasks and strategies. These organized efforts provide the opportunity to raise community awareness and commitment and to assure the total health of the community.

In the CHA model, the LMAS District Health Department partners with the Multi-Purpose Collaborative Bodies (MPCBs) that are organized in each county within the health jurisdiction. Membership is representative of each community and includes consumers. This partnership has been created with the understanding that a standard process will be applied to assess health issues, develop community health policy, and perform assurance practices that encourage direct community interventions and pose solutions to important priorities. The Board of Health acknowledges the department's responsibility as the lead agency in an on-going CHA process.

Within the community framework, the MPCBs serve as an umbrella organization whose role is to prioritize community health issues. Once an issue is identified, the MPCBs designates a subcommittee to assist in setting up the community outreach efforts and to develop a community prevention plan. Each subcommittee sets out to investigate the health issue, conducts an environmental scan of resources, and promotes cooperation. Data sources such as: county profiles, economic profiles, Michigan's Critical Indicators report, and MDCH birth and death statistical reports, are used to assist members in understanding the issue more completely and establishing monitoring indices.

Community Priorities

- * Access to Health Care
- * Cancer
- * Cardiovascular Disease
- * Child Abuse and Neglect
- * Emergency Medical Services
- * Substance abuse

Community Strategies

- Develop a set of *access to health care* indicators, such as health insurance coverage and physician ratios, to include in the community health profile and report rate fluctuations.

Spotlight
Substance Abuse

TNT (a newspaper by and for teens) was established in 1997 in response to the *Rural Health Project* (RHP) process that identified alcohol use among youth as a priority concern. Teen forums and youth surveys related to issues of alcohol and other risk behaviors were conducted throughout the four-county district. Over 2,000 responses were tallied and teens prioritized concerns, using the RHP model.

During this process, *TNT* was identified as a strategy that would help foster the communication of “youth concerns and viewpoints, promote teen health and showcase contributions youth make to their communities.” The newspaper project serves as a mechanism for reducing harmful behaviors by empowering youth and enhancing their self-esteem. To date, eight issues of *TNT* have been published and its circulation has grown from 5,000 copies (1997) to 12,000 (2000).

Outcome Measurement

Alcohol Usage in Past 30 Days	<u>1993</u>	<u>2000</u>
8 th Graders	47.9%	28.9%
10 th Graders	66.3%	37.8%
12 th Graders	70.8%	66.7%

Source: MAOD Survey, WMU for Manistique Area Schools, Schoolcraft County.

Community Strategies continued.

- Promote early identification and detection of *cancer* through low-cost screenings and community education events.
- Reduce risk factors associated with *cardiovascular disease* through low-cost screenings and public education.
- Develop a five-year strategic plan, using information gathered through an environmental scan and community dialogues, to address system and programmatic issues associated with *child abuse and neglect*.
- Improve recruitment and retention of *emergency medical service* volunteers by increasing training offerings and utilizing telecommunication technology when appropriate.
- Discourage *alcohol and other drug use* through the establishment of zero tolerance norms in local schools and communities.

Highlights of Accomplishments in FY 2000

- Compiled and published *Community Resource Directories* and *Teen Resource Directories*, specific to Luce, Mackinac, Alger and Schoolcraft counties.
- Established a *Teen Resource Center* in Luce County.
- Partnered with W. K. Kellogg Foundation to conduct an environmental scan of maternal and child health services.
- Assisted local hospital in applying for Rural Health Initiatives grant for dialysis units. A grant for \$200,000 was awarded in July, 2000.

Highlights of Future Opportunities in FY 2001

- Work with each county’s MPCB to develop an outcomes evaluation process for each community’s priority issues. Develop and distribute priority health issue report cards.
- Convene four teen forums and conduct a school-based survey to gain quantitative and qualitative information about teen substance abuse.
- Assist UP Rural EMS Council in organizing training events across the four-county region.
- Work with the Luce County’s MPCB to increase community capacity for positive childhood developmental outcomes by initiating the *Ready to Succeed* program.
- Work with Luce and Mackinac MPCBs to conduct an assessment of access to care needs.

Macomb County Health Department



**2000 Population Count for
Macomb County: 788,149**

**FY 2000 MDCH Funds Appropriated
\$75,415**

For more information, contact:

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Steven Kuntz, Manager

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Project Name: Creating a Healthier Macomb

Project Description

Since the inception of *Creating a Healthier Macomb* (CHM) in 1994, the Macomb County Health Department (MCHD) has maintained a very pivotal role in the collaborative's strategic planning efforts. As a lead agency within CHM, the health department has responsibilities that include holding and chairing meetings, developing goals and objectives for the group, recruiting and orienting members, and assisting in the assessment of services. The health department is also responsible to share community health assessment data with all the stakeholders in Macomb County. The CHM community collaborative is critical in bringing together different people and organizations to focus on the common goal of making Macomb County a better and healthier place.

Community Priorities

- * Adult Literacy
- * Advance Directives
- * Affordable Housing
- * Alcohol and Drugs
- * Bike and Skate Safety
- * Breast Cancer
- * Colorectal Cancer
- * Seat Belt Usage

Community Strategies

- Increase the number of adult clients served through the *Macomb Reading Partners* in order to impact **adult literacy**.
- Increase the number of adults who have discussed with their family or friends their wishes and have in writing an **advance directive** regarding medical care.
- Assist low-to-moderate income families achieve home ownership as part of a unified approach to providing **affordable housing**.
- Increase the number of zero tolerance coalitions working to reduce **alcohol** consumption and other **drug** use.
- Increase **bike and skate safety** through community safety education presentations.
- Reduce **breast and colorectal cancer** by promoting cancer prevention education and screenings, including: increase the percentage people aged 50 and older that have received a colorectal cancer test.
- Increase **seat belt usage** among adults through an awareness and education campaign.

Spotlight

Creating a Healthier Macomb

Creating a Healthier Macomb is an independent, countywide, quality of life initiative with both personal and social health objectives. The collaborative is a long-term process whereby people and organizations define and address the community's issues of concern, using local resources, ideas, and volunteerism. Their vision is founded on seven elements: strong families, quality education, holistic health, a sense of community, civic infrastructure, treasuring and preserving the environment, and economic opportunities.

Fifty goals for enhancement of the community's well-being have been developed. Approximately half of the goals relate to holistic health, while the others speak to educational, civic, human service, economic, and environmental needs. Activities on these goals are spearheaded by volunteer workgroups or existing collaborative bodies.

Outcome Measurement

<u>Breast Cancer Deaths</u>	<u>1995</u>	<u>1998</u>
Age-adjusted rate per 100,000 population	29.6	18.8

Source: DVRHS, MDCH.

Highlights of Accomplishments in FY 2000

- Conducted a behavioral risk factor survey among adult Macomb County residents. The randomized telephone survey interviewed approximately 1,500 households on a variety of factors that influence health and health status.
- As part of the strong families effort, worked to assure that 100 percent of eligible schools provided a school breakfast program to at-risk students. Also maintained 100 percent participation of school districts in the DARE program.
- Increased access to school-related health care within area school districts through primary care teen health centers and school health teams.
- Reduced youth violence by ten percent through the establishment of partnerships with area churches that promote youth-asset building activities and the implementation of youth peer-focused activities that promote safe school environments.
- Reduced the average number of critical items found in restaurant food quality inspections to three or less.

Highlights of Future Opportunities in FY 2001

- Analyze and disseminate the *1999 Macomb County Behavioral Risk Factor Survey* (BRFS) findings. Information collected includes: health status; health care coverage; health risk conditions for high blood pressure, high blood cholesterol, and diabetes; health practices including smoking and alcohol use status; cancer screenings; and HIV/AIDS. The 1999 survey allows the *Creating a Healthier Macomb* Committee to monitor progress towards its goals, and, in many instances, provides information on county health behaviors that previously was not available.
- Develop and publish a community health assessment chart book using the *1999 Macomb County BRFS* as the foundation for the project. The chart book will also provide statistics for the following areas: demographics, health care delivery system, chronic and communicable diseases, environmental concerns, and more. The chart book will be distributed to *Creating a Healthier Macomb* agency members; county health and human services agencies; health professionals, elected state, county and local officials; community businesses; and interested community members.

**Marquette County Health
Department**



**2000 Population Count for
Marquette County: 64,634**

**FY 2000 MDCH Funds Appropriated
\$19,421**

For more information, contact:

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or
George Sedlacek, Program Coordinator

**Marquette County Health Dept.
184 U.S. 41 Highway
Negaunee, Michigan 49866
Phone: (906) 475-9977**

Project Name: Marquette County Family Coordinating Council (MCFCC) and Marquette County Board of Health (MCBOH)

Project Description

The Community Health Assessment and Improvement (CHAI) process is a coordinated effort with the MCFCC and MCBOH. The community priorities are established by the MCFCC through workgroups that are staffed by Marquette County Health Department personnel, who facilitate the process. Workgroups are established for the following areas: substance abuse, 0-3 early childhood initiatives, youth violence prevention and human resource database development. Each of these workgroups involves several organizations that provide personnel to insure that each workgroup is a collaborative effort. The MCFCC and the MCBOH adopted a formal policy in December 1999 that requires the MCHD to report on the county's critical health indicators and the initiatives designed to improve these health indicators. Both the MCBOH and the MCFCC work together to design initiatives that will improve these health indicators.

Community Priorities

- | | | |
|---|----------------------------------|------------------|
| * Access to Health Care | * Early Child Health Improvement | * Tobacco Use |
| * Breast and Cervical Cancer | * Safe Food Supply | * Water Quality |
| * Cardiovascular Disease (CVD) and Stroke | * Substance Abuse | * Youth Violence |
| * Dental Care | * Teen Pregnancy | |

Community Strategies

- Ensure that all residents of Marquette County have **access** to quality and affordable **health care**.
- Promote early screenings to reduce **breast and cervical cancer** mortality.
- Implement a community and work site **CVD and stroke** screening and prevention project with several community organizations that utilizes a standard collaborative risk assessment tool.
- Promote oral health through the prevention of dental caries and improve access to early **dental care** treatment services for low-income youth and adults.
- Improve **child health** outcomes through programming that promotes preventive health services and the early identification of child abuse and neglect.

Spotlight
CVD and Stroke Prevention

The Upper Peninsula Worksite *WellNet* Project is a fitness and nutrition program that targets 600 employees at 34 worksites throughout the U.P. Research shows that worksites are a good avenue for health promotion programs because they encourage teamwork. Also, employers have the ability to encourage employees to adopt healthy behaviors and to encourage participation. The primary goals of the program are to: enhance access to existing health education, prevention and promotion programming; and establish common community health goals with outcome measures across the U.P.

The project utilizes web technology as a mechanism for individualized monitoring, education and information sharing. Donations from local businesses are used as incentives to further encourage the adoption of healthier lifestyles.

Outcome Measurement

<u>Heart Disease Deaths</u>	<u>1990-92</u>	<u>1996-98</u>
Age-adjusted rate per 100,000 population	312.0	307.3
<i>Source: DVRHS, MDCH.</i>		

Community Strategies continued.

- Monitor the effectiveness of the *food* service program by tracking the incidence of the big four food pathogens (shigella, ecoli, salmonella and hepatitis A).
- Prevent *substance abuse* through school and community prevention programs that target youth.
- Reduce *teen pregnancy* by implementing and promoting a teen information campaign and an abstinence-based curriculum in area middle schools.
- Prevent *tobacco use* among county residents and promote clean indoor air policies.
- Track and conduct follow-up on all unsafe *water* sample results.
- Prevent *youth violence* by making available effective primary, secondary and tertiary prevention programming within the local community.

Highlights of Accomplishments in FY 2000

- Drafted a new plan to develop and implement “Helpline,” a telephone-based information and referral project.
- Surveyed over 400 county residents using the SHAPE Survey tool.
- Published three *Critical Health Indicators* reports on *Infant Death, Cancer and Heart Disease*
- Responded and developed a partnership with local UP community foundations that resulted in the development of a regional, counter-tobacco media plan. Garnered \$50,000 in resources to implement the plan.
- Coordinated a RADON project that included radon sampling and the establishment of a GIS database.
- Received a \$7,000 *Women’s Cancer Screening Recruitment Grant* to market the screening program to family care doctors.
- Received a \$200,000 Rural Health Initiative award to implement *WELLNET* project, a comprehensive worksite-based wellness project that seeks to reduce adult risk factors for CVD.
- Participated in the establishment of the *Marquette County Medical Access* program – a private, nonprofit corporation created to improve access to healthcare.

Highlights of Future Opportunities in FY 2001

- Prepare *Community Health Report Cards* for: tobacco, obesity, immunization, teen pregnancy, STD, communicable diseases, infant mortality, child and adolescent mortality, heart disease deaths, stroke deaths, cancer deaths, diabetes-related deaths, suicides, motor vehicle crash deaths, alcohol-induced deaths, HIV/AIDS, access to health care and health care costs and environmental health.
- Analyze *SHAPE Survey* results and distribute findings to community partners.

**Mid-Michigan District Health
Department (Clinton)**



**2000 Population Count for
Clinton County: 64,753**

**FY 2000 MDCH Funds Appropriated
\$54,097 per District**

For more information, contact:

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or
Linda Farquharson, Health Planner

**Mid-Michigan District Health Dept.
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Stanton, Michigan 48888
Phone: (989) 831-5237**

Project Name: Family Coordinating Council and the Healthy Community Coalition of Clinton County

Project Description

The Healthy Community Coalition evolved out of a community-wide summit conducted in October, 1999. The Coalition, which involves a broad spectrum of community partners from across the county, is looking at three identified priorities: access to community services, community awareness and community safety. Several projects are underway, including: health fairs; a web-based regional information and referral system; and the Safe Kids Coalition of Clinton County. Recently, the Outcomes and Indicators Workgroup of the Family Coordinating Council (FCC) was established to expand the mission and vision of the collaborative beyond Strong Families/Safe Children. This workgroup seeks to incorporate an outcomes-based monitoring system into its community processes, thus setting the stage for the development of a comprehensive community plan. Active members of both groups include staff and representatives of Clinton Memorial Hospital, Mid-Michigan District Health Department (MMDHD), Clinton Health Foundation, law enforcement, schools districts, human service agencies, courts and the community at-large.

Community Priorities

* Access to Community Services * Community Awareness * Community Safety

Community Strategies

- Improve ***access to community services*** through better marketing by developing a local speaker's bureau and establishing a three-county information and referral electronic database for Clinton, Eaton and Ingham counties.
- Develop an on-going monitoring system that is based upon a set of community indicators that will be used to measure and report health improvement efforts (***Community Awareness***).
- Increase ***community awareness*** of personal health practices and encourage healthy behaviors.
- Increase ***community awareness*** of youth violence by conducting a violence prevention and intervention assessment (***Community Safety***).

Spotlight

Access to Community Services

In October of 1999, the Clinton Health Foundation, along with other community partners, organized the *Healthy Community Forum* in an effort to develop a plan that would improve the overall health and well-being of Clinton County residents. Priority areas of need were identified, including the need for a comprehensive, up-to-date resource directory. A joint effort for the capital area (Clinton, Eaton and Ingham counties) was initiated and has resulted in the development of a specialized internet-based resource database of tri-county services. This effort, titled "*In Touch with Community Resources*" is now available through the web. Strategies are being implemented to promote and train agencies, businesses and individuals on how to effectively use the web-site.

Outcome Measurement

<u>Community Services</u>	<u>2001</u>	<u>Target</u>
% of Clinton Co. agencies in database	30%	90%

Source: Resource Database, MMDHD.

Highlights of Accomplishments in FY 2000

- Sponsored *Healthy Community Forum*. Fifty 50 individuals from over 45 health and human service agencies located in Clinton County areas attended and provided valuable feedback on positive changes that could be made to impact the community's health. The forum resulted in the creation of three workgroups: Access to Community Services, Community Awareness and Safe Communities. Through the summit, strategies associated with each of these workgroups were developed. Workgroup efforts to implement these strategies are now underway.
- Established the Outcome and Indicators Workgroup that will identify indicators for incorporation into the comprehensive community plan.
- Participated in Clinton County's Youth Violence Prevention and Intervention Assessment, coordinated by Michigan Public Health Institute, and sponsored by the Michigan Department of Community Health, Clinton County Council for Youth Programs and the Clinton County FCC.
- Included local community health information in the *Mid-Michigan District Health Department's Annual Report*. Twelve hundred reports were printed and distributed. Five health indicators were highlighted, including: infant mortality, teen live births (15-19 years), leading causes of death, level of prenatal care, and cancer morbidity and mortality. The report was distributed to over 800 agencies, businesses, hospitals, physicians, state, county and local government officials and district churches. The report was also made available, by request, to community residents.
- Worked collaboratively with local newspapers and published 12 community health impact articles. Articles focused on relevant community topics that combined county-specific health statistics with prevention and local resource information.

Highlights of Future Opportunities in FY 2001

- The Outcome and Indicator Workgroup will engage in a strategic planning process that will include the development of a comprehensive community plan and the formation of implementation workgroups.
- Continue to support the *Healthy Community Forum* as a way to assure community representation and feedback into the needs assessment process.
- Continue to publish CHAI information in the annual report. MMDHD will also release two report cards and submit for publication a series of health impact news articles to area news agencies.
- Continue to work on the *In Touch with the Community* resource database.

**Mid-Michigan District Health
Department (Gratiot)**



**2000 Population Count for
Gratiot County: 42,285**

**FY 2000 MDCH Funds Appropriated
\$54,097 per District**

For more information, contact:

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or
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Phone: (989) 831-5237**

Project Name: Gratiot Community Health Committee and Gratiot Coordinating Council

Project Description

The Gratiot Community Health Committee (GCHC) is a subcommittee of the multi-purpose collaborative body (MPCB) of Gratiot County. The primary function of the GCHC is to maintain data and its exchange, in order to assess, monitor and evaluate progress toward impacting the community's three health priorities: infant mortality, ischemic heart disease and teen pregnancy. Subcommittee members include representatives from: Gratiot Health Systems, the Gratiot/Isabella Regional Education Service District (ISD), Alma College, community-based organizations, the faith community and the health department. Two well-established action teams work independently to address each of the priority health problems identified by the GCHC. The primary responsibilities of the action teams are to develop health promotion activities for Gratiot County that aid in creating issue awareness within the community. Communication is maintained with the MPCB through regular updates. The GCHC accepts guidance, and seeks recommendations and approval for its subsequent action regarding the CHAI process from the MPCB. Health department staff are responsible for maintaining comprehensive community health profiles, analyzing trends and reporting their findings to the community.

Community Priorities

* Infant Mortality * Ischemic Heart Disease * Teen Pregnancy

Community Strategies

- Develop a system of reporting prenatal care disparities between white and Hispanic populations, including *infant mortality*.
- Monitor behavior risk factors associated with *ischemic heart disease* in order to promote its early identification and treatment. Report CHAI findings to the community through a series of report cards and impact articles that are placed in the local newspapers. Combine tobacco education efforts with tobacco reduction public policy activities and advocate for the adoption of smoke-free workplaces.
- Develop a monitoring system that tracks factors associated with *teen pregnancy* and other adverse teen behaviors (i.e., juvenile delinquency, truancy, substance abuse, etc). Using this information, design more comprehensive and better targeted abstinence-based health promotion messages.

Spotlight *Healthcare Disparities*

The Gratiot Coordinating Council, in conjunction with the Gratiot Strategic Planning Committee, has recently begun investigating healthcare disparities experienced by different racial and ethnic groups within Gratiot County. A sub-committee has been formed and will begin to explore the disparity issues that may exist in economic, social and health areas. Ultimately, a report will be issued that documents the gaps and suggests strategies to address these issues related to these disparities.

Of particular concern is Gratiot County's infant mortality. Three-year moving infant mortality averages show an increase since 1993-95. Historically, the focus for addressing this issue has been on reducing teen pregnancies. More recently, the focus has changed to improving prenatal care access. Overall the percentage of mothers receiving adequate prenatal care is 85.9 percent (1999). However, only 71 percent of Hispanic mothers received adequate prenatal care during this period.

Outcome Measurement

<u>Adequate Prenatal Care</u>	<u>1999</u>
White	85.9%
Hispanics	71.0%

Source: DVRHS, MDCH.

Highlights of Accomplishments in FY 2000

- Included local community health information in the *Mid-Michigan District Health Department's Annual Report*. Twelve hundred reports were printed and distributed. Five health indicators were highlighted, including: infant mortality, teen live births (15-19 years), leading causes of death, level of prenatal care, and cancer morbidity and mortality. The report was distributed to over 800 agencies, businesses, hospitals, physicians, state, county and local government officials and district churches. The report was also made available, by request, to community residents.
- Worked collaboratively with local newspapers and published 12 community health impact articles. Articles focused on relevant community topics that combined county-specific health statistics with prevention and local resource information.
- Developed and distributed a *Cardiovascular Disease* report card. The report card was distributed to over 200 agencies, businesses, physicians, hospitals and news agencies within the district.

Highlights of Future Opportunities in FY 2001

- Continue to work with local schools to compile and analyze results from the *Alcohol, Tobacco and Other Drug Survey* and present its findings to area superintendents, the Gratiot Coordinating Council and the GCHC.
- Work collaboratively with local stakeholders to monitor outcomes associated with ischemic heart disease and teen pregnancy and issue two report cards that provide a comparative analysis of baseline and current year data.
- Continue to publish CHAI community information in the district health department's annual report. The health department will also release two report cards on infant mortality and submit for publication a series of health impact news articles to area news agencies.
- Form a community taskforce to investigate racial disparities that occur within Gratiot County healthcare settings.

**Mid-Michigan District Health
Department (Montcalm)**



**2000 Population Count for
Montcalm County: 61,266**

**FY 2000 MDCH Funds Appropriated
\$54,097 per District**

For more information, contact:

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or

Linda Farquharson, Health Planner

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Phone: (989) 831-5237**

Project Name: Montcalm 2000

Project Description

Historically, community assessment efforts were centered on *Montcalm 2000*, a committee that was focused on prevention and served as a subcommittee of the Human Service Planning Committee (HSPC). *Montcalm 2000* acted as a steering committee to several related action teams, including the Tobacco Reduction Action Coalition (M-TRAC), the Wellness Promotion Action Team, Youth Development Action Team and the Outcomes Toolkit Project. Members included representatives from the health department, area hospitals, the HSPC and other human service agencies. In May, 2000, *Montcalm 2000* conducted a prevention summit entitled, "Creating Common Ground: The Future of Prevention in the County." Nearly 30 stakeholders attended the summit to assess the status of prevention in the county. During this meeting, it was determined that *Montcalm 2000* lacked momentum and broad-based leadership. As a result, *Montcalm 2000* officially dissolved. Local CHAI activities continue through the local MPCB, which continually assesses health and wellness of county residents. Action Teams also continue to meet and work on developing health promotion activities that address specific health issues.

Community Priorities

* Access to Dental Health Services * Diabetes * Tobacco

Community Strategies

- Increase ***access to dental health services*** by establishing an oral health program that targets 4,500 Medicaid recipients and persons with developmental disabilities.
- Reduce the incidence of ***diabetes*** by initiating a diabetes prevention program that consists of community awareness, health professional education and the establishment of on-going monitoring activities for diabetes-specific health outcomes.
- Reduce morbidity and mortality associated with ***tobacco*** by developing and implementing tobacco-reduction strategies and programs.

Spotlight

Diabetes Outpatient Project

The *Outcomes Toolkit*, created by Health Forum, is a dynamic planning, collaborative, action and analysis tool that offers real solutions for hospitals, health systems, quality of life indicator projects, community foundations, public health departments, school districts, universities, municipal agencies and other health and human service agencies interested in impacting local health issues.

Using web-based technology, the toolkit assists with planning and information management by providing a clear framework for evidence-based strategic planning and evaluation. It's a collaborative tool that communities can use for sharing priorities, data and strategies - locally, regionally or nationally - that uses a database of indicators and data sources applicable for assessing a wide range of health and social conditions. Montcalm county is using this technology to track diabetic patient outcomes.

Outcome Measurement

<u>Diabetes Deaths</u>	<u>1990-92</u>	<u>1996-98</u>
Age-adjusted rate per 100,000 population	44.8	37.9

Source: DVRHS, MDCH.

Highlights of Accomplishments in FY 2000

- Included local community health information in the *Mid-Michigan District Health Department's Annual Report*. Twelve hundred reports were printed and distributed. Five health indicators were highlighted, including: infant mortality, teen live births (15-19 years), leading causes of death, level of prenatal care, and cancer morbidity and mortality. The report was distributed to over 800 agencies, businesses, hospitals, physicians, state, county and local government officials and district churches. The report was also made available, by request, to community residents.
- Worked collaboratively with local newspapers and published 12 community health impact articles. Articles focused on relevant community topics that combined county-specific health statistics with prevention and local resource information.
- Sponsored prevention summit "Creating Common Ground: The Future of Prevention in Montcalm County." This led to a restructuring of Montcalm's CHAI process and its reporting relationships.

Highlights of Future Opportunities in FY 2001

- Continue to support the work of existing Montcalm workgroups: Outpatient Diabetes Project, Oral Health Coalition and Tobacco Reduction Coalition.
- Work to fully establish the *Diabetes Outpatient Project* by increasing the number physician referrals; increasing community awareness; and publishing a report card on Diabetes Outcome Indicators using the *Outcomes Toolkit*.
- Work to improve access to dental providers by increasing the county's service capacity; establishing and monitoring oral health outcomes using the *Outcomes Toolkit*; and publishing a report card on Dental Health Care Access.
- Continue to publish CHAI community information in the district health department's annual report. The health department will also release two report cards on infant mortality and submit for publication a series of health impact news articles to area news agencies.

Midland County Health Department



**2000 Population Count for
Midland County: 82,874**

**FY 2000 MDCH Funds Appropriated
\$22,479**

For more information, contact:

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or
Chris Robere, Project Coordinator

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Project Name: Midland County Community Health Assessment and Improvement Initiative

Project Description

The Community Health Assessment and Improvement (CHAI) initiative is a subcommittee that reports to the Midland County Health and Human Service Council (MCHHSC). The subcommittee is charged with developing a *Community Health Plan*, reviewing community grant proposals and assuring implementation of the community health plan's objectives. The subcommittee reports and makes recommendations for endorsement to the MCHHSC. Representatives on the HHSC come from: Public Health Department, Mental Health Authority, Family Independence Agency, United Way, Law Enforcement, Courts, Schools, Faith Community, Aging Network, County Board of Commissioners, Local Hospital, Community-based Organizations, Medical Community, Business and Consumer Groups, and the community-at-large. The Public Health Officer serves as the chair of the CHAI subcommittee. Midland County Health Department provides data analysis and interpretation for the CHAI process. Over 100 individuals, participating in 21 issue workgroups, have been involved in developing the community plan.

Community Priorities

- * Access to Health Care
- * Information and Referral
- * Youth and Gang Violence
- * Data Surveillance
- * Outcome Performance Measures

Community Strategies

- Improve ***access to health care*** by increasing the availability of health services. Strategies include: increase the number of health professionals by seeking special federal designation status and establish long-term funding mechanisms for a community health clinic.
- Improve local health department's capacity to conduct ***data surveillance*** activities. Publish and distribute relevant health status information through bi-monthly "Community Reports."
- Institute a comprehensive, countywide ***information and referral*** phone system that allows users to find available health and human resources with a single call.

Spotlight Information and Referral

United Way of Midland County launched a comprehensive information and referral program in August 2000 entitled *First Call for Help*. Developed in collaboration with the Health and Human Services Council of Midland County and an advisory team of agency representatives, [First Call for Help](#) will provide a well-advertised, single access point for individuals looking for human service information or program assistance.

Key to the success of the program will be the completion of a comprehensive, computerized database of programs and services. In partnership with EarlyOn, United Way has joined a statewide database initiative and purchased software to manage the database. The software will track information and referral calls and assist in documenting unmet community needs – vital information for on-going human service planning.

Outcome Measurement

<u>Information & Referral</u>	<u>2000</u>
Average # of calls per month	89

Source: Program Data, United Way of Midland.

Community Strategies continued.

- Partnering with United Way, encourage community-based organizations to use *outcome performance measures* as a way to evaluate organizational success.
- Promote community-awareness about *youth and gang violence* through a series of community meetings designed to inform professionals and educate the community-at-large

Highlights of Accomplishments in FY 2000

- Published *1999 Community Health Assessment Profiles*.
- Published *2000 Executive Summary of Objectives*, which includes benchmark data.
- Supported an application for a federal designation as a *Medically Underserved Area* (MUA).
- Sponsored a town hall meeting regarding youth and violence.
- Initiated outcome evaluation training programs for community-based organization (CBOs) programs. Eighty percent of CBOs completed the training.
- Published and widely distributed bi-monthly *Community Reports* to inform community of health status issues.
- Conducted *Third Annual Meeting of Stakeholders* to review progress to date.

Highlights of Future Opportunities in FY 2001

- Continue working on the development of a comprehensive, up-to-date health and human services database.
- Continue supporting efforts to assure long-term funding mechanisms for a community health clinic that serves the uninsured population.
- Continue promotion of the use of outcome evaluation among CBOs and other health and human service agencies by sponsoring trainings and providing technical assistance.
- Produce and disseminate a performance report on the *Community Health Plan* for the annual stakeholder meeting.
- Continue to publish and distribute bi-monthly *Community Reports* on selected health status indicators.

Monroe County Health Department



**2000 Population Count for
Monroe County: 145,945**

**FY 2000 MDCH Funds Appropriated
\$30,324**

For more information, contact:

Judy M. Heath, Health Officer
or
Jamie Dean, Health Planner

**Monroe County Health Dept.
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Monroe, Michigan 48161
Phone: (734) 240-7800**

Project Name: Healthy Monroe Leadership Committee

Project Description

The *Healthy Monroe Leadership Committee* is the advisory council for the community assessment and improvement project in Monroe County. The Monroe County Health Department (MCHD) facilitates the process and identifies individuals in the community to serve on the committee. The health department also collects and analyzes information related to the health status of county residents. As part of the process, these health analyses are shared with the committee in an effort to improve the quality of life in Monroe County. As part of their charge, members discuss and prioritize the information relative to the needs and concerns of those in the community. An action plan is written based on county demographic, socioeconomic, and health status information and county, state, and national objectives. The plan consists of assessment, planning, implementation, and evaluation components.

Community Priorities

* Community Health Profile * Dental Services * Well Water and Radon Tests

Community Strategies

- Raise community awareness of health status outcomes by designing and disseminating a *Monroe County Community Health Profile*. The profile will assist the Healthy Monroe Leadership Committee in reassessing current activities and identifying new community health priorities.
- Increase access to **dental services** by initiating a *Graduate Dentist Rotation Program*, a partnership program sponsored by the Monroe County Health Department and the University of Michigan. The program targets those in need and without dental health insurance and provides dental services two days a month during the school year.
- Increase access to free **well water and radon testing** by securing financial support from community businesses.

Spotlight
Community Health Profile

In the spring 2000, the Monroe County Health Department in collaboration with the Southeastern Michigan Health Association developed the *Community Health Profile*. The Profile will be used in the community assessment process by the Monroe County Leadership Committee. The committee will utilize the profile to re-assess current activities and help identify new community health priorities.

The profile provides a snapshot of the community's health by examining several key outcome measures, including education, crime, infant deaths, births to teens, deaths, and preventable hospitalizations. An analysis of a community perception survey is also presented. The profile graphically presents each health status indicator and provides a summary section that explains its meaning. It is hoped that the information contained in the profile will help to inform and empower the Leadership Committee and community members committed to health improvement.

Outcome Measurement

<u>Infant Deaths</u>	<u>1989</u>	<u>1998</u>
Rate per 1,000 live births	11.1	8.2

Source: Community Health Profile, MCHD.

Highlights of Accomplishments in FY 2000

- The Monroe County Health Department and the Southeastern Michigan Health Association developed the *Monroe County Community Health Profile* in the spring of 2000. The profile provides a snapshot of the overall health of the community for 21 health-related categories and displays relevant information through a series of user-friendly graphs and tables.
- The *Community Health Profile* was distributed to community residents, county and state government officials, physicians, libraries, schools and colleges, the Human Services Collaborative Network, community service agencies in and around Monroe County and health officers throughout the state.

Highlights of Future Opportunities in FY 2001

- Revitalized the Healthy Monroe Leadership Committee by identifying new stakeholders, including health and human services representatives, community leaders, business representatives, and concerned citizens.
- Review the *Monroe County Community Health Profile*, along with other available data. The Healthy Monroe Leadership Committee will use findings from this report, combined with information on past accomplishments and strategies from 1996 and 1998 efforts, to reprioritize health issues that require community action. The review process will seek input from the community during presentations. Input will be used to help determine areas of need.
- Upon identification of new community priorities, the leadership committee will further analyze priority health issues and create action plans to address these priorities. The process will include an in-depth analysis of each priority issue, an inventory of resources, the development of an action plan, and the creation of a monitoring system designed to measure success. Action plans will contain goals, objectives, strategies, and outcome measures for each issue.

Muskegon County Health Department



**2000 Population Count for
Muskegon County: 170,200**

**FY 2000 MDCH Funds Appropriated
\$32,911**

For more information, contact:

Kenneth Kraus, Health Officer

**Muskegon County Health Department
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Muskegon, Michigan 49442
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Project Name: Community Roundtable for Health Assessment and Improvement

Project Description

The Community Roundtable for Health Assessment and Improvement is a voluntary coordinating body for health information and related activities. The roundtable is co-chaired by the Muskegon County Health Department Health Officer and another community member. The roundtable is a leadership group of the Muskegon Community Health Project (the W.K. Kellogg Foundation's *Comprehensive Community Health Models* project) and reports its activities to the Health Project Board of Directors. The roundtable is open to any member of the community. Data, maintained by the Health Department on the community's health status and available healthcare resources and services, is regularly disseminated at Roundtable meetings. The Roundtable maintains informal contact with the various community collaborations that address priority health issues.

Community Priorities

- | | | |
|----------------------------|---------------------|------------------|
| * Dental Health | * Lack of Insurance | * Teen Sexuality |
| * Diabetes | * Minority Health | * Tobacco Use |
| * Heart Disease and Stroke | * Parenting | * Violence |
| * Immunizations | * Substance Abuse | |

Community Strategies

- Increase access and capacity for **dental health** care.
- Promote **diabetes** screening, provider education and patient self-management.
- Promote "Employee Health & Fitness Month," along with increased screenings in the African American community, to reduce **heart disease and stroke**.
- Connect local health care providers to the Michigan Childhood Immunization Registry (MCIR) and develop strategies to address low childhood **immunization** percentages.
- Reduce **lack of insurance** for area residents by enhancing the capacity of "Access Health & Muskegon Care" to provide health care coverage.
- Develop "Faith-Based" initiatives that improve **minority health** by promoting healthy lifestyle and preventive care.
- Develop **parenting** classes, materials, and phone support for area parents and expecting parents.

Spotlight *Teen Sexuality*

The Teen Sexual Behavior Collaborative is striving to reduce the pregnancy rate of girls under 18 years of age. To accomplish this goal, the collaborative actively supports peer education, radio programs and informational packets that stress risk behavior reduction and health outcome improvements. Other goals include: freeing the community of sexually transmitted diseases (STD) and their consequences; and assuring that expectant mothers receive adequate prenatal care.

The collaborative is divided into four task forces that focus on peer education and parenthood programs; STD reduction; child safety; and abstinence education. The collaborative has supported programs, developed brochures, and hosted workshops and rallies in an effort to achieve their goals.

Outcome Measurement

<u>Teen Pregnancy</u>	<u>1998</u>	<u>Target</u>
Rate per 1,000 females, ages 15-19	96.2	46

Source: DVRHS, MDCH.

Community Strategies continued.

- Promote responsible drinking among adults and develop youth asset messages to reduce *substance abuse*.
- Promote a coordinated, *teen sexuality* campaign that includes abstinence messages to area middle and high schools. Also, promote compatible safe sex/abstinence messages to the high schools; and support and coordinate outreach efforts for early prenatal care services.
- Promote smoke-free restaurant policies among licensed food establishments as a means to reduce *tobacco use* in public areas.
- Promote youth asset development efforts in the community as a means to reduce adolescent *violence*.

Highlights of Accomplishments in FY 2000

- Hosted a community conference that highlighted *Healthy People 2010* goals and objectives.
- Hosted the *100% Access, Zero Disparities Conference* as a follow-up to the *Healthy People 2010* conference.
- Hosted an impaired driving forum.
- Published a series of *Community Health Reports*, including a report on juvenile crime. The series of reports brings attention to areas deemed important by the community and provides local data, activities, and prevention ideas.
- Published the *Community Health Assessment and Improvement (CHAI) Newsletter* that features community groups and coalitions and their activities to improve health outcomes in the community.
- Published the *2000 Community Health Report*, that features selected health status indicators.
- Conducted a survey of juvenile offenders in order to assist violence reduction planning efforts.
- Conducted a behavioral risk factor survey of African-American residents.

Highlights of Future Opportunities in FY 2001

- Conduct a survey and analyze risk behavior trends of Muskegon County students.
- Initiate and execute an environmental assessment that includes the collection of environmental health data and a review of best practices. The report will focus on: air, soil, water quality, land use, erosion, waste, food safety, disease, infrastructure, learning disabilities, contaminated industrial sites, housing, elderly, and aquatic life issues.
- Publish a *1999 Vital Statistics Bookmark* that includes county and state specific data and trends birth, birth weight, death, leading causes of death, infant death, STD, and hospitalizations rates.

Northwest Michigan Community Health Agency



**2000 Population Count for
Antrim, Charlevoix, Emmet,
& Otsego Counties: 103,938**

**FY 2000 MDCH Funds Appropriated
\$50,307 per District**

For more information, contact:

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or
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**Northwest Michigan Community
Health Agency
220 W. Garfield
Charlevoix, Michigan 49720
Phone: (231) 547-6523**

Project Name: Community Health Assessment and Improvement

Project Description

The community health assessment and improvement (CHAI) efforts in Antrim, Charlevoix, Emmet, and Otsego counties are part of a two-fold effort. At a county level, these communities are working to address locally identified health issues, using the multi-purpose collaborative body structure that exists within each county. On a regional basis, representatives from health departments, area hospitals, and other health related community organizations and institutions located in the northern lower-peninsula are collaborating to advance the performance, integration, coordination and accountability of the existing health improvement efforts within the region. The original five-county network that included Antrim, Grand Traverse, Kalkaska, Benzie and Leelanau has now added Charlevoix, Emmet and Otsego counties. The regional effort has also expanded and includes all 21 northern counties in the lower-peninsula. This regional group has plans to re-survey residents, as originally done in 1995.

Community Priorities

- * Access to Health Care
- * Benchmarking Health Data
- * Elder Needs
- * Maternal and Child Health

Community Strategies

- Increase ***access to health care*** by supporting the *Healthy Future Program*, a program designed to provide access to primary preventive health care for pregnant women and children under 2 years of age. Advocate with local community groups and state government to assure access to early prenatal care for pregnant women with Medicaid. Also support efforts to implement *Dental Clinics North* throughout the region as a way to increase access to oral health care.
- Promote access to health information by ***benchmarking health data*** and posting it on a regionally maintained web site.
- Develop and distribute *Services for Seniors Resource Guide*, a tool designed to help communities better meet ***elder needs***.
- Implement the *Day One* program to improve ***maternal and child health***.

Spotlight
Dental Health

A lack of oral health services was identified throughout northern Michigan community health assessment and improvement initiatives. *Dental Clinics North*, a partnership of six local health departments in northern Michigan, was established to stabilize and expand oral health services for children and adults with Medicaid, Healthy Kids Dental, and MICHild coverage.

This partnership has worked diligently to secure state grant funding to expand services to Manistee, Cadillac, Alpena, and West Branch over the next year. Partners include District Health Department No.2, District Health Department No. 4, District Health Department No. 10, Grand Traverse County Health Department, Benzie-Leelanau District Health Department, and NWMCHA.

Outcome Measurement

Medicaid Beneficiaries in the Region Receiving <u>Dental Services</u>	<u>1999</u>	<u>2000</u>
# served	5,692	9,805

Source: Fiscal Report, Dental Clinics North.

Highlights of Accomplishments in FY 2000

- Continued to maintain the *Healthy Futures Program* that provides home visits and other supportive services to pregnant women and children aged 0-2 years who are in the Munson Medical Center service area. Support similar initiatives in the Northern Michigan Hospital, Charlevoix Area Hospital, and Otsego Memorial Hospital service areas.
- Established the *Dental Clinics North*, a partnership of six local health departments located in northern Michigan, designed to stabilize and expand oral health services for children and adults with Medicaid, Healthy Kids Dental and MICHild coverage. The NWMCHA, in collaboration with five other local health departments, received a \$1,000,000 state grant to expand dental services to four counties.
- Held local forums for physicians, health and human service providers, and consumers to identify issues and develop solutions to increase access to care for pediatric and obstetrical services.
- Assisted in the development of the *Community Services Network of Michigan*, a non-profit organization created to assess needs and improve coordination and delivery of services to the aging populations living in northern Michigan.
- Advocated voluntary enrollment in qualified health plans for pregnant Medicaid recipients.
- Collaborated with other members on the regional CHAI committee to develop the 21-county behavioral risk factor survey (BRFS) of adult risk behaviors.
- Completed and distributed a *Resource Guide for Seniors* in Antrim County.
- Worked with the End of Life Workgroup to develop, implement and distribute an information packet for *End of Life Decisions*.

Highlights of Future Opportunities in FY 2001

- Update the regional *Community Health Report* web site with newly released BRFS survey results and other health statistics. In addition, develop and distribute a flyer to promote and market the *Community Health Report* web site.
- Continue to support the efforts of the *Healthy Futures Program* and the *Dental Clinics North Program* to increase access to health care for community residents in lower northern Michigan. Establish a *Northern Michigan Access to Care Coalition* that promotes 100 percent access through utilization, enhancement, and coordination of existing services. To support the coalition’s work, develop a county and regional profile of the uninsured and underinsured populations.

Oakland County Health Division



**2000 Population Count for
Oakland County: 1,194,156**

**FY 2000 MDCH Funds Appropriated
\$93,281**

For more information, contact:

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or
Lisa McKay, Supervisor

**Oakland County Health Division
1200 N. Telegraph Road, Dept. 432
Pontiac, Michigan 48341-0432
Phone: (248) 858-1280**

Project Name: Healthy People, Healthy Oakland

Project Description

Healthy People, Healthy Oakland (HPHO) is a community-based organization that oversees community health assessment and improvement activities in Oakland County. The Oakland County Health Division organized HPHO in 1995. Today, HPHO includes six task forces, five committees, a community Council, and an Operating Team. HPHO has 18 partnerships that include 48 partners to accomplish specific strategies that target numerous community priorities. HPHO is involved in several strong affiliations with organizations/groups, including the Oakland Heart Health Coalition, several community coalitions targeting substance abuse, the Multi-Cultural Health Council, Oakland County Parks and Recreations, and Mothers Against Drunk Driving.

Community Priorities

- | | | |
|--------------------------------|------------------------------|-------------------------|
| * Access to Health Care | * Multi-Cultural Communities | * Quality Ground Water |
| * Healthy Choices for Families | * Nutrition | * Safe Living Practices |
| * Healthy Workforce | * Physical Activity | * Substance Abuse |

Community Strategies

- Support increased ***access to health care*** through a pharmaceutical assistance program for seniors and through the development and dissemination of a health insurance assistance brochure.
- Promote ***healthy choices for families*** through parenting programs and other educational efforts that target high and low risk parents.
- Promote and collect data on a ***healthy workforce*** by focusing on employee total well-being, including physical, social and emotional health aspects.
- Support health improvement efforts in ***multi-cultural communities*** by providing technical support to the Multi-Cultural Health Council and their partners.
- Promote healthy eating choices and ***nutrition*** through health promotion and disease prevention programs and community-wide awareness efforts.
- Promote increased ***physical activity*** through a multi-method prevention program for areas identified in the *1996 Community Health Assessment Telephone Survey*.

Spotlight
Substance Abuse

Prom Gala is a program that teaches students about life choices and promotes a zero-tolerance for drug, alcohol and tobacco use. Students all around the county spend several weeks in training sessions learning from substance abuse experts about the dangers of alcohol, tobacco and other drugs; Fetal Alcohol Syndrome; domestic violence; and treatment issues. Participants interact with community leaders, teachers, volunteers and celebrities to learn about healthy choices while rehearsing for a prom gala fashion and dance spectacle that is held each year.

Prom Gala is sponsored by *Healthy People Healthy Oakland* and its partnering agencies. As a result of the event, more than 360 high school students have pledged to remain substance-free during the school year.

Outcome Measurement

Alcohol use in	1995-96	2005 Target
past 12 months		
8 th Graders	64%	59%
10 th Graders	77%	72%
12 th Graders	85%	80%

Source: Michigan Alcohol & Other Drug School Survey, OCHD Substance Abuse Office, MDCH.

Community Strategies continued.

- Promote *quality ground water* through the adoption of healthy lawn practices and the inclusion of environmental education in school health curriculums.
- Promote *safe living practices* through the adoption of a work-site safety curriculum in area vocational schools.
- Promote zero tolerance and community participation in efforts that reinforce safe choices regarding *substance use and abuse* by implementing teen prevention programs (i.e., Prom Gala).

Highlights of Accomplishments in FY 2000

- Conducted “Building and Sustaining Community Partnerships,” a workshop for the community.
- Published *HPHO Annual Report* and *Contributors Report*.
- Partnered with Oakland and Livingston human services agencies in a grant proposal to the Metro Health Foundation to fund a seniors’ pharmaceutical program. HPHO and Beaumont Foundation each provided a \$5,000 match.
- Secured \$18,000 in funding for the *Nutrition Network* program - “Take the Pledge.”
- Conducted a telephone *Behavioral Risk Factor Survey*.
- Participated on the Human Services Coordinating Council Prevention Advisory Committee charged with developing a community prevention plan for services that target families with children.
- Partnered with Lawrence Street Publications to publish and distribute 45,000 health resource guides in Oakland County.

Highlights of Future Challenges for FY 2001

- Convene and support HPHO community volunteer activity that is focused on creating and implementing a health assessment process.
- Measure community identified health and quality of life-related issues and needs.
- Conduct a modified *Behavioral Risk Factor Survey*.
- Link data (both qualitative and quantitative) to community action for health improvement.
- Increase community involvement in activities focused on improving health and quality of life.
- Link CHAI best practices to health improvement activities that address HPHO priorities.
- Produce a *Community Coalition Report* to raise awareness about the 19 coalitions targeting substance abuse issues.
- Produce a *Cancer Health Segment* report on the five leading types of cancer for Oakland residents.

Ottawa County Health Department



**2000 Population Count for
Ottawa County: 238,314**

**FY 2000 MDCH Funds Appropriated
\$38,306**

For more information, contact:

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or
Lisa Stefanovsky, Health Promotion
Director

**Ottawa County Health Department
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Project Name: Ottawa County Service Providers Network

Project Description

The community health assessment and Improvement (CHAI) process is uniquely comprised of a network of six geographically determined community coalitions. These coalitions participate in the ad hoc Service Providers Network under the auspices of the Ottawa County Multi-Purpose Collaborative Body (OCMPCB). CHAI provides technical support to local coalitions in establishing their community priorities and assures that these priorities are based upon periodic need assessments and annual reviews of existing goals and objectives.

Through CHAI, the Ottawa County Health Department (OCHD) provides health status statistics, other data sources and technical assistance leading to the development of community health plans which include priorities, goals, objectives, improvement strategies, benchmarks and targets. Linkages with the Holland and Zeeland Community Hospitals and Lakeshore area schools are maintained through joint assessment and health education activities. In addition to the linkages described above, CHAI is actively involved in: West Michigan Alive Executive Committee of Ottawa and Allegan hospitals; Lakeshore Ethnic Cultural Diversity Alliance; *Growing Up Healthy* (a Communities That Care Coalition); and *Attitudes Matter*, (a social marketing substance abuse prevention program that targets parents).

Community Priorities

- * Alcohol and Tobacco
- * Cancer
- * Complications of Newborns
- * Healthy Families
- * Motor Vehicle Deaths

Community Strategies

- Promote early detection and treatment of prostate and skin **cancer** through free community screenings.
- Reduce the **complications of newborns** by using birth record data to identify medical and behavioral risk factors associated with negative birth outcomes and advocate for appropriate program and policy changes.
- Create community awareness concerning the incidence of drunk driving found within the county (**Motor Vehicle Deaths**).

Spotlight

Substance Abuse – Alcohol

Attitudes that Matter...Parents, Alcohol and Youth is dedicated to the elimination of underage drinking in Ottawa County. Its primary strategy is to affect parent and influencer attitudes and behaviors regarding underage drinking. This program is designed to achieve a four-part goal:

- Establish awareness among parents and influencers that underage drinking is a major social problem in Ottawa County.
- Conclusively demonstrate to parents and influencers of their ability to influence underage drinking.
- Provide a set of tools, activities and solutions that parents and influencers may use to eliminate underage drinking in their family and circle of friends.
- Create an agency system in Ottawa County to allow seamless distribution of a primary alcohol prevention message.

Attitudes that Matter...Parents, Alcohol and Youth is funded by the Ottawa County Board of Commissioners, grants and donations from local businesses.

Outcome Measurement

Parental Attitudes

<u>Towards Youth Drinking</u>	<u>1994</u>	<u>1999</u>
% of parents who report binge-drinking as a problem	15.6%	20.7%

Source: Attitude's That Matter Survey, OCHD.

Community Strategies continued.

- Work collaboratively with Strong Families and Safe Children and Weed-n-Seed programs to promote youth asset development and the self-esteem and physical health of county youth. (**Healthy Families**)
- Offer mini-grants to local schools to assist them in conducting the adolescent Search Institute survey so that a countywide data set can be aggregated and reviewed.

Highlights of Accomplishments in FY 2000

- Published *1999 Ottawa County Critical Health Indicators* report on county demographics, health status, risk factors and mortality.
- Issued *Public Health Watch Bulletins* nine times and distributed them to schools, agencies, county commissioners, civic leaders and other interested individuals.
- Offered mini-grants to local schools interested in improving the coordination of the *Alcohol, Tobacco and Other Drugs (ATOD) Survey*.
- Collaborated with Holland Community Hospital in conducting focus groups aimed at assessing health status/behaviors and barriers to care for the growing Asian population.
- Provided technical assistance to *Communities That Care* in developing youth leadership training camps and constructing a teen website.
- Assisted parish-nursing program in promoting annual prostate screenings for the at-risk male migrant population.
- Collaborated with Lakeshore Ethnic Diversity Alliance in sponsoring a grassroots town hall meeting and leadership conference to explore issues related to racism and health access issues.

Highlights of Future Opportunities in FY 2001

- Update and distribute the *Critical Indicators* report.
- Assist *Attitudes that Matter* with developing a web publication that describes survey statistics for parental attitudes towards under-aged drinking.
- Assess the behavioral risk factors and health care utilization patterns of county Latino/Hispanic populations and compile various minority health status findings, survey data and focus group findings into a minority health profile.
- Publish 10 *Health Watch Bulletins* and distribute to schools, agencies, county commissioners, civic leaders and other interested individuals.
- Assist health department staff with implementing a continuous quality improvement process.

**Saginaw County Department
of Public Health**



**2000 Population Count for
Saginaw County: 210,039**

**FY 2000 MDCH Funds Appropriated
\$37,451**

For more information, contact:

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or
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**Saginaw County Health Department
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Project Name: Saginaw County Community Health Assessment Initiative

Project Description

The Saginaw County Community Health Assessment Initiative (CHAI) is under the auspices of the Saginaw County Department of Public Health (SCDPH). CHAI is an integral part of the Saginaw County Human Services Collaborative Body (SCHSCB). As part of the collaborative, CHAI is responsible for evaluating, developing, monitoring and keeping the SCHSCB informed of the county's initiatives that address CHAI identified community issues. The CHAI plan includes: 1) identification of the community health priorities; 2) establishment of goals/objectives to eliminate or alleviate the health priorities; 3) construction of strategies that impact the health priorities; 4) creation of workgroups within the collaborative to address the health priorities; and 5) identification of outcome measures. The SCHSCB is responsible for determining which community issues will be addressed. All coalitions and subcommittees report their findings to the collaborative body through the SCHSCB's Inter-planning Subcommittee that makes recommendations to the SCHSCB, who in turn, approves all action taken in the community to address the top CHAI priorities.

The SCHSCB membership includes representative from the: county commissioners, health department, Saginaw ISD, Community Mental Health Authority, faith-based groups, city council, Michigan State Extension Services, 4Cs, Commission on Aging, Juvenile/Family Court, Saginaw Transportation Authority, Child Abuse and Neglect Council, community hospitals, Bay Area Substance Abuse Coordinating Agency and community at-large. SCDPH is the lead agency for the initiative and works with the SCHSCB to facilitate the process, as well as performs the majority of work associated with compiling and producing the health assessment reports.

Community Priorities

- | | | |
|---------------------------|-----------------------|-------------------|
| * Child Abuse and Neglect | * Health Care Access | * Substance Abuse |
| * Crime and Violence | * Infectious Diseases | * Teen Pregnancy |
| * Early School Truancy | | |

Community Strategies

- Collaboratively work with the Saginaw County Child Abuse and Neglect Council to ensure a continuum of services for children and families that will strengthen family infrastructures and reduce the incidence of *child abuse and neglect*.

**Spotlight
G.I.R.L.S.**

Growing In Responsibility, Leadership and Success (G.I.R.L.S.) is a new program that seeks to instill and enhance young girls’ choices by teaching life skills that will positively impact their attitudes towards becoming productive adults in society. *G.I.R.L.S.* targets girls throughout Saginaw County who are between the ages of 8 to 18 years.

The goal of the program is to instill and enhance the capabilities of young girls to make positive life choices. It accomplishes this goal by emphasizing the positive aspects of the girl’s identity, life and womanhood. The objectives of the project are as follows:

- To build and maintain self-esteem;
- Instill cultural pride;
- Fortify self-appreciation;
- Teach social and life skills for self-sufficiency; and
- Cultivate community service contributions.

Outcome Measurement

High School Drop Outs	1990-91	1997-98
Drop out rate	4.4%	4.6%

Source: Kids Count in Michigan.

Community Strategies continued.

- Support countywide efforts to reduce *crime and violence* as initiated by the *Saginaw County Crime Prevention Program*.
- Provide technical data assistance to the *Family Youth Initiative (FYI)/Family Court/Police Truancy Program* as they work to identify youth that are consistently truant and work with families to assure school attendance.
- Work collaboratively with local hospitals, the medical society and volunteers to develop a comprehensive community-wide plan that provides *health care access* to all individuals. Establish a free clinic.
- Implement, coordinate and monitor a comprehensive *Family Youth Initiative (FYI)*, a five-year plan that seeks to reduce youth risk factors for *substance abuse*, delinquency, teen pregnancy, dropping out of school, and domestic and gang violence by strengthening protective factors and improving prevention, intervention and treatment services.
- Reduce *teen pregnancy* by incorporating abstinence messages and education into the Infant Mortality Coalition, *Healthy Start* program, self-esteem programs, school-based curriculums and community-wide education campaigns.

Highlights of Accomplishments in FY 2000

- Worked with local substance abuse providers to develop and open a residential adolescent treatment program in Saginaw County.
- Conducted 27 township hall meetings to discuss the findings of *FY 2000 CHAI Community Perceptions Survey*.
- Established partnerships with the *America’s Promise* Task Force and the *Healthy Futures* Coalition. Began planning for the establishment of a free clinic.
- Developed *2020 Michigan Attorney General -Mentor Referral Program* through *FYI*.

Highlights of Future Opportunities in FY 2001

- Publish an update of the *Saginaw County CHAI Report* and review existing priority areas.
- Work with inter-planning subcommittee to establish workgroups that will work on formulating action plans for the newly chosen priorities.
- Work with *FYI* to expand adolescent substance abuse prevention programming so that it includes safe houses, after school activity centers and summer programs.
- Continue countywide *G.I.R.L.S.* program for youth, ages 8 and 18 years.

St. Clair County Health Department



**2000 Population Count for
St. Clair County: 164,235**

**FY 2000 MDCH Funds Appropriated
\$32,035**

For more information, contact:

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or
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**St. Clair County Health Dept.
3415 28th Street
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Phone: (810) 987-9396**

Project Name: St. Clair County Health Department

Project Description

St. Clair County has been in the forefront of community health assessment and improvement efforts since the inception of the Kellogg-funded *Comprehensive Community Health Models (CCHM) Project* over five years ago. With the successful closure of the CCHM Project, a new *Community Health Assessment Partnership (CHAP)* has formed to continue the effort of bringing the community together to solve pressing health issues. CHAP became an associated initiative of the St. Clair County Community Services Coordinating Body (CSCB) in June 2000. The responsibility for continuation of several community projects previously developed are currently being assumed by CHAP as guided by the St. Clair County Health Department. The governance board of CHAP consists of representatives from area hospitals, local businesses, as well as the community-at-large. In 2001, the partnership will revisit and set new community goals and objectives as part of the process to update the *Community Health Plan*.

Community Priorities

- * Childhood Immunizations
- * Children's Health Problems
- * Uninsured Children
- * Youth Fitness

Community Strategies

- Increase **childhood immunizations** by encouraging physicians to use all patient contacts as potential immunization opportunities; by convening an Immunization Coalition to exchange ideas for expanding immunization opportunities and reducing barriers; and by providing support and education to improve preschool immunization reporting.
- Develop a strategic plan to promote early identification of **children's health problems** that is based on results from a health and human service round table discussion and parental focus groups that assessed barriers to and the availability of well-child visits and dental check-ups.
- Distribute MICHild literature to all St. Clair County stakeholders and conduct additional follow-up to identify **uninsured children** and increase enrollment in available health insurance programs.
- Survey local fourth through seventh graders regarding their physical fitness attitudes and behaviors. In addition, improve **youth fitness** opportunities by developing a six-week walking program at area elementary schools and the YMCA.

Spotlight

Youth Physical Activity Survey

In 2000, the Youth Fitness Improvement Workgroup and the St. Clair County Intermediate School District (ISD) collaborated to administer a survey that assessed the physical activity of area youth in four county school districts. The survey was conducted with fourth through seventh grade students. Two different surveys were designed -- one to assess those students in elementary school and the other geared toward middle school students.

Survey questions centered on students' physical fitness attitudes and behaviors. The survey results of more than 500 area students are being utilized to identify potential strategies to increase physical activity and modify unhealthy attitudes and beliefs.

One result of the partnership was the development of the *Walking Kids Program*. The program has been implemented at the Marysville Elementary School and the local YMCA since June of 2000.

Outcome Measurement

<u>Feelin Good Mileage Club</u>	<u>2000</u>	<u>Target</u>
# of students participating	135	400

Source: Feelin Good Mileage Club, SCCHD.

Highlights of Accomplishments in FY 2000

- Selected priority areas for community action from the *Children's Report Card* that included youth fitness improvement and the early identification of children's health problems.
- Established a coalition to outline community action steps for improving youth fitness.
- Developed a plan to create and publish an *Adult Community Health Report Card* that resembles the very successful *Children's Report Card*.
- Implemented a youth walking program in an elementary school and the YMCA.
- Conducted a youth physical activity survey in four school districts' elementary and middle schools.
- Formed the *Community Health Assessment Partnership (CHAP)* and established a community governing body and by-laws. Linked the CHAP process as an associated initiative to the St. Clair County Community Services Coordinating Body (CSCB).
- Published a consensus paper on the need for early identification of children's health problems. The paper's findings were based on information and recommendations gained through a locally held roundtable of area health and human service providers and parental focus groups.
- Developed and conducted a *Behavioral Risk Factor Survey (BRFS)* of adult residents in St. Clair County. Upon completion of the survey, CHAP members distributed the survey results to community groups and the media. Members will use these results to identify priorities for health improvement efforts and create an *Adult Community Health Report Card*.
- Published updates of the popular *Children's Health Report Card* and *Companion Guide* (a booklet that assists readers in using health data for improvement efforts).

Highlights of Future Opportunities in FY 2001

- Implement and maintain a countywide system for health assessment and improvement that is based on an organized selection and tracking of key health status and health care indicators and is accompanied by health improvement efforts.
- Maintain communication between CHAP and the CSCB to coordinate the community health assessment process within the county.
- Publish a community health profile that includes *BRFS data* and associated vital statistics.
- Continue to plan for and implement strategies of the Youth Fitness Improvement Workgroup, including the *Walking Kids Program* and the *Youth Physical Fitness Survey*.

Sanilac County Health Department



**2000 Population Count for
Sanilac County: 44,547**

**FY 2000 MDCH Funds Appropriated
\$15,950**

For more information, contact:

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Officer

or

Lisa Bachman, Health Educator

**Sanilac County Health Department
171 Dawson Street
Sandusky, Michigan 48471
Phone: (810) 648-4098**

Project Name: Sanilac County Human Services Coordinating Body

Project Description

The Sanilac County Human Services Coordinating Body (SCHSCB) charters the community health assessment and improvement (CHAI) process. Prior to the 1999-2000 fiscal year, the Sanilac CHAI worked with Huron and Tuscola counties through the *Associated Health Departments* in a tri-county workgroup. However, with the dissolution of the health departments' association, each county's CHAI workgroup has become its own entity. The Sanilac CHAI Workgroup's responsibilities include: approving survey tools and methodology to be used in gathering community data; determining resources available for assessment activities; providing needed information and data; providing periodic reports to the workgroup's sponsors; assisting in the formation of community intervention strategies; assisting in the development of a plan of action; reviewing and recommending evaluation tools and processes; and reviewing and recommending the automation of community needs and resource data. Workgroup members include representatives from: two area hospitals, Domestic Violence Workgroup (SAVE), Child Abuse and Prevention Council; local CAP agency, consumer group, SCHSCB and the health department. The workgroup reports to the full HSCB monthly and seeks guidance and approval for subsequent actions.

Community Priorities

- | | | |
|-------------------------|----------------------|------------------------------|
| * Access to Health Care | * Healthy Lifestyles | * Motor Vehicle Crash Deaths |
| * Domestic Violence | * Immunization | * Teen Substance Abuse |

Community Strategies

- Assist *Thumbresource.org* in compiling a local health and human service on-line resource directory as a way to increase tri-county residents' **access to health care** services.
- Assist Sanilac Assault and Violence Elimination (SAVE) taskforce in finding resources to establish a new **domestic violence** shelter for battered women.
- Work to promote **healthy lifestyles** through education and on-going surveillance of behavioral health risks.
- Work with the Immunization Taskforce to improve **immunization** levels of county children by providing ongoing monitoring and technical assistance services.

Spotlight

Motor Vehicle Crash Deaths

The purpose of the ACTS tool is to assist communities in taking the first step in problem and solution identification. The ACTS tool is intended to give community coalitions a means of identifying their resources (assets) to address traffic safety problems (deficits). Following is a list of key assets and deficits the ACTS tool seeks to identify for *Safe Community Coalitions*.

Note that **assets** fall into eight categories:

- Community planning
- Enforcement operations
- Adjudication practices
- Injury control practices
- Parental activities
- Community involvement activities
- Education and training programming
- Treatment and referral systems

Deficits fall into four categories:

- Alcohol and substance abuse
- Unsafe vehicle use patterns
- Unsafe community norms
- Unsafe community policies

Outcome Measurement

<u>Motor Vehicle Deaths</u>	<u>1990-92</u>	<u>1995-97</u>
Age-adjusted rate per 100,000 population	24.7	22.4

Source: Office of Highway Safety, Michigan State Police.

Community Strategies continued.

- Work in conjunction with Facing Alcohol Concerns Together Safely (FACTS) Coalition to complete the *Assessing Community Traffic Safety (ACTS) Survey (motor vehicle crash deaths)*.
- Assist the FACTS Coalition in reducing **substance abuse** rates among county **teens** by conducting sting operations and a bi-annual adolescent health risk assessment.

Highlights of Accomplishments in FY 2000

- Published 1999 Huron, Sanilac and Tuscola *Community Health Improvement Plan* (CHIP) and distributed it to HSCB, County Board of Commissioners, Board of Health, Community Mental Health Board, Child Abuse Prevention Council, Building Ties, local hospitals, all local school district superintendents, Sanilac County Community Foundation, numerous county coalitions and local media.
- Chose six priority areas from CHIP for the *Sanilac County Action Plan* strategy identification phase.
- Created database of all county coalitions.
- Partnered with FACTS Coalition and provided technical assistance in completing the *Assessing Community Traffic Safety (ACTS)* survey.
- Participated in the development of the local domestic violence shelter.
- Successfully completed the Michigan Local Public Health Accreditation Program in December.

Highlights of Future Opportunities in FY 2001

- Work collaboratively to identify local partners and resources to conduct a *Tri-County Behavioral Risk Factor Survey* during fiscal year 2000/2001.
- Continue technical assistance to FACTS Coalition by compiling data, performing analysis and distributing *ACTS Survey* results to the local community through media outlets.
- Conduct an on-going membership campaign to attract new members and identify opportunities for collaboration.
- Review established priorities and develop an annual action plan.

**Shiawassee County Health
Department**



**2000 Population Count for
Shiawassee County: 71,687**

**FY 2000 MDCH Funds Appropriated
\$21,111**

For more information, contact:

George Pichette, Health Officer

**Shiawassee County Health Dept.
310 N. Shiawassee Street
Corunna, Michigan 48817
Phone: (989) 743-2318**

Project Name: Community Quality of Life Initiative

Project Description

In early 1999, the Shiawassee County Health Department agreed to partner with Memorial Health Care, the Cook Foundation, the Shiawassee County Health and Human Services Council (the Multi-Purpose Collaborative Body) and others in a reinvigorated community health assessment process called “Community Quality of Life.” The process has moved slowly in an effort to be as inclusive as possible. One-hour stakeholder monthly meetings have been held in all communities throughout the county at varying times. Subcommittees addressing data, membership, marketing, speakers and finance/accounting have been organized. Subcommittees also meet monthly at various times and places. The subcommittees report to the stakeholders at the monthly stakeholder meetings. A visionary committee has been formed to coordinate the activities of all the subcommittees. Goals and target areas will be developed within the next year, and indicators will be selected to monitor health improvement progress. No single agency leads the *Quality of Life* process, rather, the project seeks the greater energy, wisdom and ownership of the entire community.

The health department’s role in the process is to provide facilitation and technical assistance as needed. The health officer chairs the data collection committee and serves on the membership and finance committees. Health department staff maintain a mailing list of more than 600 interested local residents. Staff also provide secretarial support to the stakeholders meetings.

Community Priorities (Initial)

* Emergency Medical Services * Heart Disease * Teen Pregnancy

Community Strategies

- To improve the quality of pre-hospital care for county residents by creating a network of county *emergency medical service* providers. The purpose of the network is to improve recruitment, retention and training efforts of emergency medical service personnel.

Spotlight
Teenage Pregnancy

Shiawassee County Health Department, Memorial Healthcare Center and Mid-Michigan Obstetrical and Gynecology have formed a partnership to provide prenatal care at the health department. In addition, the partnership will work to inform the community concerning teen pregnancy issues and the negative impacts both individuals and the community suffer as a result. As part of the educational component, both teens and pre-teens will receive instruction on the social, physical and economic implications of pre-marital sex and teen pregnancy. Finally the partnership will establish a mentoring program that will provide support, guidance and positive role models from adult volunteers, peers and older students.

Outcome Measurement

<u>Teen Pregnancy</u>	<u>1990</u>	<u>1999</u>
Rate per 1,000 females, ages 15-19	74.1	51.9

Source: DVRHS, MDCH.

Community Strategies continued.

- To reduce the incidence of *heart disease* by developing and implementing a public access defibrillation program that will improve access to defibrillation devices in the event of a sudden cardiac arrest.
- To reduce the incidence of *teen pregnancy* by developing and implementing a mentoring program that will create a positive peer influence among older youth and assist younger children in making healthy decisions. To create community awareness of problems associated with teen pregnancy and advocate for community solutions.

Highlights of Accomplishments in FY 2000

- Defined the community in such a way that the uniqueness of each sub-community within the county is recognized.
- Involved the community in the community health assessment process by regularly presenting data collected to various groups of stakeholders.
- Applied for and received a \$138,069 Rural Health Initiative Grant to implement a *Teen Pregnancy Prevention Initiative*.
- Applied for and received a \$168,9825 Rural Health Initiative Grant to create an *EMS Network* that will coordinate training opportunities.
- Established the *Shiawassee County Transportation Authority*.

Highlights of Future Opportunities in FY 2001

- Continue to support the on-going work of the *Quality of Life Initiative* as it collects and presents health status data to the community and strives to build broad-based support.
- Continue to work on developing the *Teen Pregnancy Community Awareness Campaign* and *Youth Mentoring Program*.
- Continue to work on establishing an *EMS Network* that promotes joint training equipment purchases and coordinated training schedules.
- Work with a consultant to conduct community assets and needs inventory.
- Pilot school health nurse program in two county school districts.
- Produce and publish the second annual *Community Report Card* on: environmental, recreational, educational, economic, societal, safety and health issues. Distribute it as a newspaper insert.
- Maintain and update community website for the *Quality of Life Initiative*.

Tuscola County Health Department



**2000 Population Count for
Tuscola County: 58,266**

**FY 2000 MDCH Funds Appropriated
\$18,791**

For more information, contact:

Gretchen Tenbusch, Health Officer
or
Ann Hepfer, Assistant Director of
Preventive Health

**Tuscola County Health Department
1309 Cleaver Road
Caro, Michigan 48723-8114
Phone: (989) 673-8114**

Project Name: Tuscola County Community Health Assessment and Improvement Workgroup

Project Description

The Health Department provides staff and financial support for the Community Health Assessment and Improvement (CHAI) Workgroup. The Workgroup reports to the multi-purpose collaborative body (MPCB). Previously, the Workgroup was part of a regional effort that worked to explore health issues and set priorities. Under the auspices of the district health department, the Workgroup published a tri-county *Community Health Improvement Plan (CHIP)* in September 1999. Since that time, each county has established its own county-specific Workgroup that addresses county health concerns. The Tuscola County Workgroup met in December 1999 and selected four priority issues.

Community Priorities

- * Child and Adolescent Deaths
- * Infant Mortality
- * Motor Vehicle Crash Deaths
- * Suicides

Community Strategies

- Work with the Child Death Review Team to reduce ***child and adolescent deaths*** by understanding past child and adolescent deaths. Complete an action plan that contains strategies and identifies appropriate partners to address each strategy.
- Implement a fetal-infant mortality review (FIMR) program to better understand the reasons behind Tuscola County's high ***infant mortality*** rate.
- Use survey information and other available data from the *Office of Highway Safety Program* (Michigan State Police) to develop action plans that seek to decrease ***motor vehicle crash deaths***. Identify partners who will implement.
- Identify and organize partners to develop and fund a single county *BRFS and Community Needs Survey* that contains mental health and substance abuse questions. Survey results will be used to document community behaviors and attitudes relative to ***suicide*** and will provide the basis for planning strategies and implementing needed services.

Spotlight

Community Health Improvement Plan

The Community Health Improvement Plan (CHIP) was developed by the CHAI Workgroup and outlines five broad priority areas:

- Healthy Children and Youth;
- Access to Care;
- Healthy Adults;
- Safe Communities; and
- Healthy Environment.

These five priority areas have been shared with each county's Collaborative Body and Board of Health. A review of data and subsequent discussions between Workgroup members and the CHAI planner has led to the development of 16 different goals and 31 objectives that relate to these broad areas. Next, the Workgroup will develop specific measurable targets for each county, along with county-specific strategies for reaching these targets and an on-going monitoring system that measures progress. The plan serves as a focal point for unified action within each county and for the region as a whole, as it works to address shared priority health issues.

Outcome Measurement

<u>Infant Mortality</u>	<u>1990-92</u>	<u>1997-99</u>
Rate per 1,000 live births	5.3	6.7

Source: DVRHS, MDCH.

Highlights of Accomplishments in FY 2000

- Published the CHIP “Healthy People 2010 Objectives: Health Priorities for the Year 2010 for Huron-Sanilac-Tuscola Counties.”
- Participated in *Local Public Health Accreditation* process and met all indicators.
- Revised listings of community coalitions in preparation for the development of action plans.
- Provided regular CHAI progress reports to MPCB and Board of Health and provided CHAI presentations to other interested groups.
- Identified Tuscola County health priorities.
- Partnered with Saginaw County agencies on a successful FIMR fund application.
- Publicized the CHIP and the CHAI process through a local newspaper article.
- Developed a health department website that includes CHAI initiative information and community level data.
- Presented a progress report to the health department’s *Continuous Quality Improvement* committee, that led to staff’s ongoing participation in the CQI process.

Highlights of Future Opportunities in FY 2001

- Continue support for Tuscola County Health Department CHAI Workgroup.
- Contract with a consultant to develop draft action plans for identified priorities.
- Review draft action plans, modify and adopt.
- Print and distribute action plans to the community and begin working on the plan implementation phase.

**Van Buren-Cass District Health
Department (Cass)**



**2000 Population Count
Cass County: 51,104**

**FY 2000 MDCH Funds Appropriated
\$38,982 per District**

For more information, contact:

Jeffery Elliot, Health Officer
or
Emily Brigham, Program Coordinator

**Van Buren-Cass District Health Dept.
57418 County Road 681
Hartford, Michigan 49057
Phone: (616) 621-3143**

Project Name: Cass County Coordinating Council

Project Description

The community health assessment and improvement process is a partnership between the local health department and Healthy Cass 2001, a subcommittee of the Cass County Human Services Coordinating Council (HSCC). The subcommittee works with the HSCC to identify community priorities, set goals and measurable objectives and develop strategies and action plans that will lead to countywide health improvement. The health department provides a health educator to facilitate the process. Staff reports to the HSCC for guidance, to make recommendations or to seek approval for its subsequent action. The HSCC and Healthy Cass members include representatives of: the intermediate school district (ISD), schools, law enforcement, county courts, substance abuse agencies, health department, hospitals and local county government.

Community Priorities

- * Cardiovascular Disease
- * Oral Health
- * Teen Pregnancy
- * Data Surveillance
- * Substance Abuse

Community Strategies

- Reduce the prevalence of *cardiovascular disease* by promoting heart-health education and screenings.
- Conduct ongoing *data surveillance* activities and keep the community informed of health improvement progress by publishing community health profiles and utilizing interactive web technology.
- Heighten the community's awareness of good *oral health* practices, including preventive measures, and aggressively promote a countywide fluoride education and application program.
- Reduce the negative impacts experienced by infants of *substance abusers* by developing and implementing a coordinated *Fetal Alcohol Syndrome/Fetal Alcohol Effect* screening protocol.
- Reduce the number of *teen pregnancies* in the county by creating community awareness of teen pregnancy issues and developing a countywide, comprehensive adolescent health program.

Spotlight Dental Health

The access to dental care project is a collaborative effort between local dentists, school nurses, and the Van Buren-Cass District Health Department. It is supported by several community organizations. The goal of this project is to offer necessary education, and prevention and dental services regardless of an individual's financial status.

Cass County has been designated a dental shortage area. With a grant received from MDCH, the health department opened two dental clinics in Dowagiac and Cassopolis. Target groups include low-income and Medicaid recipients, especially children, the elderly, and the mentally and physically handicapped.

The program includes an outreach component that educates special populations on oral health issues. It also offers the "No More Nursing Caries" program, designed to eliminate baby bottle and early childhood tooth decay.

Outcome Measurement

<u>Oral Health (Cass Co.)</u>	<u>2000</u>	<u>2001 Goal</u>
People served	1,966	4,000
People receiving ed.	550	1,500

Source: Van Buren-Cass District Health Dept.

Highlights of Accomplishments in FY 2000

- Published *Health Profile for Van Buren/Cass County District Health Department*. Distributed 300 copies. Report provided demographic, health risk behavior, morbidity, mortality, and preventative health care statistics.
- Designed and launched the *Van Buren/Cass District Health Department Website* at <http://www.vbcassdhd.org>.
- Received a \$206,000 grant from MDCH to implement a dental health program that targets underserved populations.
- Partnered with Lewis Cass Intermediate School District and Healthy Cass 2001 in sponsoring the *Fetal Alcohol Syndrome and Fetal Alcohol Effect Conference*. Received \$7,500 to initiate a FAS public awareness campaign, screenings, and trainings.
- Assisted *Healthy Families* in requesting \$35,000 from the Kalamazoo Guidance Clinic for home-based prevention services that target first-time parents.

Highlights of Future Opportunities in FY 2001

- Continue to support efforts of Healthy Cass 2001 as they work to identify an annual priority issue, conduct a community forum, and develop and implement an action plan that addresses this issue.
- Update the health department's website to include the latest health statistics and programmatic information from the health department and its partnering agencies.
- Continue to publish and distribute "At Your Services News" newsletter. The quarterly newsletter is distributed to physicians and local health agencies within Van Buren and Cass Counties.
- Develop a set of quarterly report cards that will provide trend data for selected indicators and monitor the community's progress towards health improvement.
- Oversee the establishment of advanced life support services in Cass County with a \$193,815 Rural Health Initiative grant from MDCH.
- Work to place automated external defibrillators in strategic publicly accessible community locations.
- Administer dental services to low-income, uninsured adults and children through a \$40,000 grant funded dental program administered by Van Buren/Cass District Health Department.
- Continue to participate in early childhood subcommittees as they work with the Lewis Cass Intermediate School District to implement a three-year \$594,257 *All Students and Parents Achieving in Education* (ASAP-PIE) grant award.

**Van Buren-Cass District Health
Department (Van Buren)**



**2000 Population Count for
Van Buren County: 76,263**

**FY 2000 MDCH Funds Appropriated
\$38,982 per District**

For more information, contact:

Jeffery Elliot, Health Officer
or
Emily Brigham, Program Coordinator

**Van Buren-Cass District Health Dept.
57418 County Road 681
Hartford, Michigan 49057
Phone: (616) 621-3143**

Project Name: *Van Buren Human Services Collaborative Council*

Project Description

The community health assessment and improvement process is a partnership between the local health department and Health Forward, a subcommittee of the Van Buren County Human Services Coordinating Council (HSCC). The subcommittee works with the HSCC to identify community priorities, set goals and measurable objectives and develop strategies and action plans that will lead to countywide health improvement. The health department provides a health educator to facilitate the process. Staff reports to the HSCC for guidance, to make recommendations or to seek approval for its subsequent action. The HSCC and Health Forward members include representatives of: the intermediate school District (ISD), schools, law enforcement, county courts, substance abuse agencies, health department, hospitals and local county government.

Community Priorities

- * Cancer
- * Cardiovascular Disease
- * Data Surveillance
- * Prenatal Care
- * Teen Pregnancy

Community Strategies

- Reduce the incidence of breast, skin, and prostate *cancers* by promoting community education and awareness of low-cost screenings.
- Reduce the prevalence of *cardiovascular disease* by promoting heart health education and screenings.
- Conduct ongoing *data surveillance* activities and keep the community informed of health improvement progress by publishing community health profiles and utilizing interactive web technology.
- Reduce the incidence of *teen pregnancy* within the county through prevention education and self-esteem improvement activities.

Spotlight
Teen Parent Program

The *Teen Parent Program's* goal is to produce healthy and knowledgeable teen families that demonstrate positive outcomes. The program's objectives are:

- To encourage pregnant teens to complete high school; and
- To assist pregnant teens to seek further job training or employment.

The program receives referrals for pregnant teens under the age of 21 who are eligible for the *Temporary Assistance to Needy Families* (TANF) program.

This program also encourages effective parenting. Participants receive assistance with obtaining: regular medical screenings, appropriate immunizations, early and continuous prenatal and infant care and early child growth and development education.

Outcome Measurement

<u>Teen Parent Program</u>	<u>2000</u>	<u>2001</u>
Participants	34	30

Source: Van Buren-Cass District Health Dept.

Highlights of Accomplishments in FY 2000

- Published *Health Profile for Van Buren/Cass County District Health Department*. Distributed 300 copies. Report provided demographic, health risk behavior, morbidity, mortality, and preventative health care statistics.
- Designed and launched the *Van Buren/Cass District Health Department Website* at <http://www.vbcassdhd.org>.
- Applied and received \$50,000 from the Michigan Family Independence Agency to administer a *Teen Parent Program*. The program's goal is to produce healthy and knowledgeable teen families that demonstrate positive outcomes.
- The Van Buren Intermediate School District received \$68,250 from Children's Trust Fund to administer a *Healthy Families* program. This secondary prevention program utilizes an intensive home visitation component and targets new parents who have been voluntarily screened for risk factors and stressors associated with child abuse and neglect.
- Applied and received \$20,000 from the State of Michigan Family Independence Agency to administer *Strong Families/Safe Children's* Program.

Highlights of Future Opportunities in FY 2001

- Continue to support the efforts of Health Forward as they work to identify an annual priority issue, conduct a community forum, and develop and implement an action plan.
- Continue to work with area school districts to implement a reproductive health program.
- Update the health department's website to include the latest health statistics and programmatic information from the health department and its partnering agencies.
- Continue to publish and distribute "At Your Services News" newsletter. The quarterly newsletter is distributed to physicians and local health agencies within Van Buren and Cass Counties.
- Develop a set of report cards that will provide trend data on selected indicators and monitor the community's progress towards health improvement.
- Work with substance abuse providers to submit a March of Dimes grant for the amount of \$6,600 to conduct an education campaign on the effects of alcohol consumption by women during pre-conception and pregnancy.
- Submit \$9,000 grant to the Kalamazoo Foundation to increase the availability of teen tobacco cessation programs in the county.

**Washtenaw County Health
Department**



**2000 Population Count for
Washtenaw County: 306,073**

**FY 2000 MDCH Funds Appropriated
\$45,124**

For more information, contact:

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or
Ellen Rabinowitz, Program Coordinator

**Washtenaw County Health Dept.
555 Towner, P.O. Box 915
Ypsilanti, Michigan 48197-0915
Phone: (734) 484-7200**

Project Name: Washtenaw County Health Improvement Plan

Project Description

The Washtenaw County *Health Improvement Plan* (HIP) is a collaborative project between the health department, the local health systems (University of Michigan, St. Joseph Mercy Health System, and Chelsea Community Hospital), numerous community agencies and coalitions, and individuals from around the county, for the purpose of improving the health of county residents. The goal of the project is to assess the health of the community and to work with a variety of individuals and organizations to develop strategies for health improvement. The Community Health Committee (CHC), a broad based group from a myriad of community agencies and institutions, governs the project. The CHC has three subcommittees charged with various functions. The Assessment Team is responsible for data gathering and evaluation. The Network Committee is focused on maintaining linkages with community organizations. The Coordinating Committee is responsible for setting CHC agendas and considering bigger picture issues that may affect HIP.

Community Priorities

* Healthy Adults * Healthy Environment * Healthy Kids * Safe Communities

Community Strategies

- Promote **healthy adults** by increasing access to health care through a collaborative program that provides primary care and other medically necessary services to uninsured, low-income county residents.
- Support a **healthy environment** by reducing human exposure to critical environmental pollutants through the development of the Washtenaw Area Hazardous Materials Team.
- Support **healthy kids** programs that target HIP goals and objectives with *Children's Well Being* funds allocated by the Washtenaw County Board of Commissioners. Goals and objectives include improving prenatal health, reducing teen births, reducing child abuse and neglect, and reducing adolescent use of alcohol, tobacco and illicit drugs.
- Assure **safe communities** by reducing interpersonal intentional injury through violence prevention programming that targets school-age children.

Spotlight
Healthy Kids

The 1995 HIP survey identified asthma as a significant problem among children living in two county zip code areas. Soon after the survey, a group formed to further study this issue and make recommendations. A newly formed Asthma Coalition is implementing several of these strategies. Funding from the University of Michigan Health System, St. Joseph Mercy Hospital Health System, and Washtenaw County Health Department has paid for a project director. The coalition focuses on provider and patient education, environmental sampling, case management, and community engagement.

A true feather in the coalition’s cap is the successful implementation of a comprehensive asthma management program in the school-based clinic at *HealthPlace 101*. Health department nurses provide home assessments and education to children who have repeat ER or urgent care visits due to asthma. Since the inception of this program, repeat visits for care have dropped considerably.

Outcome Measurement

<u>Childhood Asthma</u>	<u>1995</u>	<u>2000</u>
Ave. # of annual episodes for children with asthma	6.9	2.6

Source: 1995 HIP Survey, WCHD.

Highlights of Accomplishments in FY 2000

- Published “HIP In Action: A Report of Health Improvement Strategies in Washtenaw County.”
- Presented *Health Champion Awards* to four coalitions and individuals whose work exemplifies action towards a healthier community.
- Completed the annual HIP progress report and uploaded it to the website.
- Established the HIP mini-grant fund, and distributed \$5,000 to six organizations that proposed projects that would further HIP goals.
- Published four quarterly HIP newsletters.
- Board of Commissioners linked HIP goals and objectives to funding criteria and awarded over \$800,000 to outside agencies.
- Health Department, University of Michigan Health System and St. Joseph Mercy Health System continued work on four joint priorities through various community initiatives.
- Hosted a presentation by a nationally renowned specialist in tobacco-related litigation, policy advocacy and investigative news story development.
- Hosted several satellite broadcasts, including *Healthy People 2000 Progress Reviews*.
- HIP subcommittees hosted a workshop to assist coalitions with accessing data through the Internet.
- Health Department published a *Pocket Profile* that includes annual vital statistics and information about HIP goals and objectives.
- St. Joseph Mercy Health and University of Michigan Health Systems provided funding to the *Community Health Education Resource Center*, a program of the HIP-affiliated Task Force on African-American Health.

Highlights of Future Opportunities in FY 2001

- Expand representation on the Community Health Committee (CHC) by meeting with community-based organizations and widely distributing HIP materials.
- Link Network Committee’s interventions to tested interventions and measurable objectives by hosting a “Successful Interventions” conference. In addition, provide technical assistance and educational opportunities to CHC members by offering a ‘brown bag’ lunch series. Offer direct technical assistance consultations, as well.
- Develop and maintain resource bulletin boards at CHC meetings and through newsletters.
- Conduct a HIP survey of Washtenaw County adult residents that focuses on behavioral risk factors.

Wayne County Health Department



**2000 Population Count for
Wayne County: 1,109,892**
(Excluding the City of Detroit)

**FY 2000 MDCH Funds Appropriated
\$91,778**

For more information, contact:

Patricia Soares, Health Officer
or
Esther Twitty-Maxwell, Coordinator

**Wayne County Health Department
33030 Van Born Road
Wayne, Michigan 48184
Phone: (734) 727-7006**

Project Name: Healthy Wayne

Project Description

Healthy Wayne is a regional networking effort comprised of six sub-regional community health assessment and improvement coalitions. To strengthen this regional group, the health department and Oakwood Healthcare System have formed a partnership to jointly facilitate the effort. The charge of Healthy Wayne is to use best practices for empowerment, education, advocacy, resource development, communication, and networking opportunities to plan and support existing coalitions and initiatives. Regional membership includes corporations, faith communities, school systems and higher education, healthcare systems, community service organizations, and the Health Department. The sub-region coalitions consist of representatives from these groups, plus community volunteers and activists, community-based organization representatives and other grassroots members. To assure the continuance of Healthy Wayne, the health department and Oakwood have provided staff to support the meetings and activities of the region-wide coalition.

Community Priorities

- * Access to Health care
- * Fitness and Exercise
- * Nutrition
- * Breast Cancer
- * Heart Disease

Community Strategies

- Promote ***access to health care*** by initiating socially and culturally acceptable awareness campaigns for health related services currently available to community residents. In addition, find and locate pregnant women and children who are eligible for Healthy Kids and MICHild health care coverage.
- Reduce premature deaths due to ***breast cancer*** by promoting early detection and education.
- Working in conjunction with the Wayne County's Parks and Recreation Department and local (civic) parks and recreation departments, promote ***fitness, exercise*** and good ***nutrition*** through community wide events that are designed to reduce childhood and adult obesity.
- Promote early identification and treatment of ***heart disease*** through screenings and other awareness-building, informational campaigns.

Spotlight **Heart Disease**

The six sub-regional community health assessment and improvement coalitions are open forums designed to inform and educate the community about its health status, health systems and health care resources. Networking techniques are used to keep individual coalitions and the regional workgroup informed of health improvement efforts. They are also used to promote the flow of information to and from the community.

For instance, efforts surrounding heart disease prevention started locally and now have expanded to the regional *Healthy Wayne* effort. Awareness campaigns and health prevention activities such as the *Health and Fitness Day* target residents throughout the region. The health fairs bring user-friendly information to a variety of culturally and ethnically diverse groups.

Outcome Measurement

<u>Heart Disease Deaths</u>	<u>1998</u>	<u>Target</u>
Age-adjusted rate per 100,000 population	157.0	Reduce by 2%

Source: DVRHS, MDCH.

Highlights of Accomplishments in FY 2000

- Prioritized and identified health issues countywide.
- Participated in the *Wayne County Healthy Family Fun and Fitness Day* to promote healthy fitness, exercise and nutrition practices.
- Conducted a series of health fairs for targeted groups – *English as a Second Language* (Hindi, Arabic), *Young Children* (0-3 years old), *School-Age Children*, and *Senior Citizens* (sub-regional coalitions).
- Participated in a major newspaper campaign to support clean indoor air for all Wayne County establishments with the Wayne County Smoking and Tobacco Intervention Coalition.
- Partnered with St. John’s Healthcare System and Bons Secour/Cottage Hospital to produce and distribute *Breast Cancer Awareness* brochures, targeting women in the Grosse Pointes and Harper Woods communities (sub-regional coalition).
- Partnered with Karmanos Cancer Center to develop a breast cancer awareness speakers bureau in the Grosse Pointes and Harper Woods communities.
- Produced informational brochures for each of the six sub-regional community health assessment and improvement coalitions.

Highlights of Future Opportunities in FY 2001

- Continue working with the Hamtramck City government and the Bosnian community to plan a health fair that is acceptable and useful for the community.
- Conduct a behavioral risk factor survey of the Grosse Pointes, Harper Woods, Hamtramck and Highland Park communities.
- Develop profiles for each community that includes behavioral risk factor survey data, along with indicators that reflect the health and socioeconomic status of the community.
- Inform the community of survey findings and community profiles. Distribute information to the local media, area hospitals, elected officials, Chamber of Commerce, and other community groups.

**Western Upper Peninsula District
Health Department**



**2000 Population Count for Baraga,
Gogebic, Houghton, Keweenaw &
Ontonagon Counties: 72,251**

**FY 2000 MDCH Funds Appropriated
\$64,512**

For more information, contact:

M. Gail Shebuski M.D., Health Officer
or
Ray Sharp, Program Coordinator

**Western UP District Health Dept.
540 Depot
Hancock, Michigan 49930
Phone: (906) 482-7382**

Project Name: Western U.P. Community Assessment Process

Project Description

The Community Health Assessment (CHA) specialist facilitates the five-county CHA process. Health Department staff coordinates community initiatives aimed at identifying and monitoring key public-health issues; establishing local benchmarks, goals and objectives; measuring progress towards goals and objectives; and promoting two-way communication with local, regional, state and national stakeholders and with the general public of the western Upper Peninsula. The region has two multi-purpose collaborative bodies. The Copper Country Human Services Coordinating Body (CHSCB) has realigned itself to serve the counties of Keweenaw, Baraga, and Houghton. Ontonagon County has joined the Gogebic County Human Services Coordinating Board (GCHSCB).

Community Priorities

- * Childhood Lead Poisoning Prevention
- * Fetal Alcohol Syndrome
- * Parent-Infant Attachment
- * Positive Parenting
- * Youth Asset Assessment and Building

Community Strategies

- Reduce the incidence of ***childhood lead poisoning*** by increasing testing and early detection efforts and working collaboratively with the B-H-K Child Development Board, Calumet Rotary, public health staff, hospitals and physicians.
- Prevent ***fetal alcohol syndrome*** (FAS) by initiating public awareness campaigns, developing FAS community coalitions, and training health professionals on referral and information sharing processes.
- Increase ***parental-infant attachment*** programs by expanding infant mental health consultations and home visitations in four counties.
- Improve and promote ***positive parenting*** through the establishment or expansion of parenting classes and parent resource centers in three counties.
- Assess ***youth assets*** through an asset identification assessment survey that targets grades 6-12 in all Gogebic and Ontonagon county schools.

Spotlight
Western Upper Peninsula
Community Profile 2000

The Western Upper Peninsula District Health Department, in collaboration with the Copper Country and Gogebic-Ontonagon Human Service Coordinating Bodies (HSCBs), published the first *Western UP Community Profile*. This 53-page regional profile provides important background information on the area, and includes trend data and projections. Also presented are county-by-county comparisons to regional, state and national statistics on demographic, economic, health, education, human-services, and public-safety indicators.

The profile will be used by the HSCBs to establish annual prevention priorities, goals and activities, and to standardize the use of community health status indicators within the region. As a result of the profile, a community planning process that follows the *assessment-prioritization-implementation-feedback* cycle will be implemented and a living and useful *Community Health Plan* created.

Outcome Measurement

<u>Childhood Lead Poisoning</u>	<u>1998</u>	<u>2000</u>
# of 0-6 year-olds tested	146	563

Source: MDCH.

Highlights of Accomplishments in FY 2000

- The Community Assessment Working Group (CAWG) and the Copper Country Human Services Coordinating Body (HSCB) conducted the *Healthy Communities Agenda Dialogue*.
- The Copper Country HSCB Community Prevention Plan and the Gogebic County Human Services Coordinating Body (HSCB) 2000 Goals were finalized.
- The Gogebic County HSCB *Data Outcomes Report* was published.
- The Copper Country HSCB adopted a ‘Healthy Communities’ focus to prevention planning.
- The Copper Country HSCB Strategic Planning Committee and CAWG began a process of establishing indicators and procedures that makes CHAI the basis for regional plans.
- Sponsored the “Ready to Succeed Dialogue,” a community forum that explores systems of care for children ages 0-5.

Highlights of Future Opportunities in FY 2001

- Raise community awareness regarding health status indicators and the CHAI process among community health planners and the general public by publishing, disseminating and publicizing the *Western U.P. Community Profile 2000*.
- Identify priority community health issues and community health status indicators.
- Develop a community health plan based on collaborative strategies that address priority issues identified through the CHAI process.